



Onkaparinga North SAPSASA
District Co Convenors
Michael Best / Scott Trenorden
Woodcroft Primary School
1-23 Investigator Drive
Woodcroft SA 5162
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Permission to Trial 2017

Dear Parents/Caregivers,

Your child wishes to trial for a SAPSASA District Team. Please fill in the following information and have them hand it to the coach at the first trial session. It is in the interest of the players to attend as many trials as possible to give themselves the best opportunity.

Please note that selection will be based not only on skill performance at the trials but also on behaviour, attitude, sportsmanship, leadership, teamwork, availability (at training and carnival) and the needs of the team. As per Sapsasa Guidelines, Year 7 students will be given priority over equally skilled Year 6 students.

Player Details

Name _____ School _____ Year (grade) Level _____

Date of Birth _____ Sport trialling for: _____

Club/School Team: _____ Current Division: _____ Preferred Position(s): _____

Years of experience / seasons played: _____ Position(s) trialling for: _____

Current Coach Name (if applicable): _____ Mobile: _____

Parent Contact 1 Name: _____ Mobile: _____

Parent Contact 2 Name: _____ Mobile: _____

Email address (please print carefully): _____

Home Address: _____

Medical Information: Please indicate any known medical conditions.

I give permission for my child to attend trials for the Onkaparinga North SAPSASA District team.

Parent/Caregiver Signature: _____ Name: _____ Date _____