



Waverley Falcons Tryout Registration Form

Full name _____

M / F Date of birth ____/____/____ New Players Birth Certificate Cited by (WBA use only): _____

Address _____

Contact telephone nos. _____

Email _____

NEW PLAYERS IMPORTANT NOTICE:

On return of this form you **MUST:**

- Provide proof of Date of Birth. A copy of Birth Certificate to be cited by a Waverley Basketball Association Official
- If playing for another Association Representative Club, a 'Permission to Train Form' signed by that club. Forms are available at www.vjbl.com.au

NO FORM = NO TRY OUT!

EXISTING FALCON PLAYERS:

Current Falcons Representative Team: _____ Coach: _____

Details of Junior Domestic Team at Waverley Basketball Association:

Team: _____ Age Group: _____ Grade: _____

**Completed try-out registration forms must be handed in
30 minutes prior to your first try-out session**

CRITICAL NOTE:

To be eligible for consideration of selection for Falcons teams, players who are injured or otherwise unable to train must register prior to Friday 2nd of October by phoning the office on 9807-9814 or email Mike Bullock mike.bullock@waverleybasketball.com