



FITTER - FASTER - STRONGER - SMARTER
2011 NORTH COAST REGIONAL SOFTBALL
ACADEMY – Selection Trial
PLAYER REGISTRATION SHEET

Name: _____ Age _____ DOB ____ / ____ / ____

Primary Email Address (Parent): _____

Secondary Email (Yours if different) _____
(Please note, email address is imperative as this is how we communicate with you)

Home address: _____

Suburb/location: _____ Postcode: _____

Contact Phone Number (Home): _____ Mobile parent: _____

Your Mobile (if different): _____

Present Association Club: _____ Grade played _____

Home Association: _____

Preferred positions: _____

Approx Height _____ cms Throw _____ handed Bats _____ handed

Official Use Only

General observations and Comments:

Outcome:

Level 1

Level 2

Level 3

Development Notes:

