

University of the Sunshine Coast Little Athletics Centre

TRIAL FORM



Athlete Details

Age Group
USCLAC Use
Only

| First Name | Surname | Date of Birth | |
|------------|---------|---------------|--|
| | | | |
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| | | | |
| | | | |
| | | | |

Parent/Guardian Details:

| First Name | Surname | Mobile Phone Number |
|------------|---------|---------------------|
| | | |

Parent/Guardian Signature:

| Selected Trials Date(s): | 1st Trial | USCLAC USE ONLY | |
|--------------------------|-----------|-----------------|---------|
| | | | Paid \$ |
| 2nd Trial | | Card | |
| | | Cash | |