

Player Registration Form



Season – _____

Surname			
Given names			
DOB		Singlet Number	
Team Mate(s)		Rep Ball Player	Yes / No
School Attended			

Contact One Details Mother / Father / Guardian / Other (please circle)

Name			
Profession			
Address			
Phone (Home)		Phone (Mobile)	
Phone (Work)		Email	

Contact Two Details Mother / Father / Guardian / Other (please circle)

Name			
Profession			
Address			
Phone (Home)		Phone (Mobile)	
Phone (Work)		Email	

Please select one of the following

<input type="checkbox"/> I agree to volunteer my services for roles such as game scoring, time keeping, team management, fund raising or any other similar roles that benefit my children's club. (These duties will be evenly shared out between all parents and helpers)
<input type="checkbox"/> No I won't be able to assist but have enclosed a donation of \$_____ to assist with the running of the club and providing such duties.

Are there any medical conditions that you need to make the club aware of? YES / NO

If yes please provide details

Do you consent to medical treatment in the event of an emergency? YES / NO

As Parent/Guardian of the above mentioned player I am aware that teams are limited to a "first come-first served basis" and by signing this form you agree to abide by the rules, by-laws and regulations of the Brighton Wolves Basketball Inc, McKinnon Basketball Association, Basketball Victoria and the respective management of any of the venues used by the club. I confirm that we are aware that there are certain dangers of injury in playing sport and I agree that neither the Association, its Member Clubs nor its appointed Coaches or Officials are liable in any way whatsoever for any injury, damage or loss of property suffered by the applicant during the course of any Association or Club activities. I understand that I will be responsible for any medical or ambulance expenses incurred by the applicant during the course of any Association or Clubs activities and any consequent insurance claims to the Victorian Basketball Association insurance cover. I am aware of the Association's Drug and Alcohol policy and the Association's players and member's Code of Conduct and Basketball Victoria's Codes of Conduct for all participants within basketball (copy available upon request). I acknowledge that the Associations may take photographs/videos of various activities for use on their web sites and publications for promotional purposes. I agree to pay the required registration fee. The fee covers Team Registration, Score sheet Fee (excluding finals), training venue hire, trophies and other incorporated costs.

Payment can be made via Direct Credit to "Bendigo Bank"

Account Name: "Brighton Wolves Basketball Club Inc"

BSB: 633-000 Account Number: 1328 68100 **"Don't forget to list you full name in the on the deposit"**

or by sending this form and your a cheque to; The Treasurer, 14 Spink St Brighton 3186

I verify that the information set out above is true and correct in all details.

Signature _____ Name _____ Date _____

This form is available online at www.brightonwolves.org.au