



## Junior Player Registration Form Winter 2008

**Yes!** I would like to be part of the Brighton Wolves Basketball Club Inc.

Please register me in the most famous club in the competition.

<b>Surname:</b>		
<b>Given Names:</b>		<b>D.O.B.</b>
<b>Address:</b>		
		<b>Postcode:</b>
<b>I would like to play with:</b>		
<b>email address:</b>		
<b>School Attended:</b>		
<b>Parents Names (if applicable):</b>		
<b>Home Phone:</b>	<b>Work:</b>	<b>Mobile:</b>
<b>Parent or Guardian Signature (if applicable):</b>		

Places in Brighton Wolves teams are limited to a 'first come – first served' basis.

I/We wish to register the above player with The Brighton Wolves Basketball Club Inc. for Winter Season 2008. By signing this Registration Form, I/We agree to:

- Pay \$190 Registration Fee (\$165 for every subsequent child in the one family). This fee covers Team Registration, Scoresheet Fee (excluding finals), training venue hire and trophies.
- Pay proportion (pro rata based on the number of team members) of any forfeit fees incurred should the above players team be unable to take the court under the rules of the relevant competitions ruling body within 2 weeks of the forfeit occurring.
- Pay a proportion (pro rata based on the number of team members) of additional Scoresheet Fees should the above players team becomes eligible to play in the finals.
- Abide by the rules, by-laws and regulations of the Brighton Wolves Basketball Club Inc., its governing Association(s), Basketball Victoria and the respective management of any of the venues used by the Club.
- Send this form to: Michael Egan – Treasurer, 42 Camperdown Street Brighton East 3187 with your cheque for \$190 or submit it at the Wolves Registration Night.

**Brighton Wolves Basketball Club Inc.**

**Alternatively you may use the online registration at the  
Wolves website - [www.brightonwolves.org.au](http://www.brightonwolves.org.au)**

# McKINNON BASKETBALL ASSOCIATION JUNIOR PLAYER REGISTRATION FORM — WINTER 2008

PLAYER'S NAME: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_

DOMESTIC CLUB: The Famous Brighton Wolves DOMESTIC TEAM NAME: \_\_\_\_\_

AGE GROUP & COMPETITION: Male: U/9, U/11, U/13, U/15, U/17, U/19 Female: U/9, U/11, U/13, U/15, U/17  
(please circle)

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_ P/CODE: \_\_\_\_\_

PLAYERS SINGLET NUMBER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SCHOOL ATTENDED: \_\_\_\_\_

Are there any medical condition 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

<u>MOTHER'S DETAIL'S</u>	<u>FATHERS DETAIL'S</u>
HOME PHONE: _____	HOME PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
MOBILE: _____	MOBILE: _____
ADDRESS: _____	ADDRESS: _____
E-MAIL: _____	E-MAIL: _____
OCCUPATION: _____	OCCUPATION: _____
DO YOU OWN YOUR OWN BUSINESS?                      Y/N	DO YOU OWN YOUR OWN BUSINESS?                      Y/N
WOULD YOU BE ABLE TO PROVIDE NETWORKING/ SPONSORSHIP OPPORTUNITIES THAT COULD BENEFIT THE ASSOCIATION?    YES / NO	WOULD YOU BE ABLE TO PROVIDE NETWORKING/ SPONSORSHIP OPPORTUNITIES THAT COULD BENEFIT THE ASSOCIATION?    YES / NO
DO YOU HAVE ANY TRADE OR SERVICE THE ASSOCIATION COULD EMPLOY? YES / NO	DO YOU HAVE ANY TRADE OR SERVICE THE ASSOCIATION COULD EMPLOY?    YES / NO

I, \_\_\_\_\_, as parent / guardian of the above named applicant, give consent to their registration with the McKinnon Basketball Association for it's competitions and events. I understand that the applicant is bound by the rules and codes of conduct of the McKinnon Basketball Association and Basketball Victoria. I confirm that I am aware that there are certain dangers of injury in playing basketball and I agree that neither the Association it's member Clubs nor any of 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 Club activities and any consequent insurance claims to the Victorian Basketball Association insurance cover.

I also understand that I may be called upon to assist in team activities and that I may be asked to help with Association, and / or Club social functions and/or fundraisers.

I am aware that the Association's Drug and Alcohol policy and the Association's players and members code of conduct and Basketball Victoria's codes of conduct for all participants within basketball are all listed on the Associations' web page and are all available at all venues.

I also acknowledge that the Association takes photographs/videos of various activities for use on their web page and media articles.

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

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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online registration at the Wolves website  
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