

# Bullsbrook Basketball Association Inc.

## 2014/2015 Registration Form



Each team need to provide: Coach, Scorer, Manager and a referee

**Aussie Hoops-6-9--Sub Juniors 10-12years**

**Mid-Juniors-13-15--Juniors 16-19years SNR-20 and over**

(Ages at 31 December 2014)

**TEAM NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Male/Female** (Please Circle)

**PHONE: HM** \_\_\_\_\_ **MOB** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

### PLEASE CIRCLE YES or NO

Do you give the Association permission to use photographs of your Son/Daughter during any activities associated with the Association in 2014/2015 season for publications to promote the club and team photos. **YES NO**

Do you give the Association permission to provide your Son's/Daughter's name, date of birth and statistics to FIBA (The World Governing Body for Basketball). **YES NO**

Will you be willing to assist the club? **YES NO**

Coaching      Umpiring      Scoring      Canteen      Fund Raising

Does your child suffer from any medical condition or allergy? **YES NO**

**DETAILS:** \_\_\_\_\_

Do you give the Association permission to arrange any necessary treatment for your Son/Daughter, where prior notification has not been possible. **YES NO**

### IN CASE OF EMERGENCY - PLEASE ADVISE NAME & CONTACT

**NAME:** \_\_\_\_\_ **MOB** \_\_\_\_\_

\_\_\_\_\_  
Signature - Parent/Guardian      Club Official      Date

**As an Association member you will be expected to conduct yourself at all times in a fair and sportsman like manner, respect the decisions of officials and encourage fair competition.**  
**Mouthguards - In compliance with BWA Insurance Policy we recommend that ALL players wear mouthguards for their own protection.**

\_\_\_\_\_  
Association Member      Club Official      Date

### OFFICE USE ONLY

REGISTRATION PAID \_\_\_\_\_ Cash/Cheque Date: \_\_\_\_\_

FEES PAID \_\_\_\_\_ Cash/Cheque Date: \_\_\_\_\_