MEMBERSHIP APPLICATION FORM

CESSNOCK BASKETBALL CLUB 2015



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CESSNOCK BASKETBALL IS AFFILIATED WITH NSW BASKETBALL ASSOCIATION LIMITED (NSWBAL)

# FAMILY NAME:	# GIVEN NAME:		
# D.O.B: / / # SEX: MALE	FEMALE # OCCUPATION	N:	
# POSTAL ADDRESS:			
# SUBURB:	# PC:	# STATE:	
# PH'S: # HOME: #	мов:	# WORK:	
EMAIL:		# FAX:	
REGO INFO: NSW-ASS CODE:	NUMBER: B	NSW (OFF REG CARD):	
REGO PAID: / /2015 EXP DATE:	/ /2016 REGISTRATION	H: PRIMARY SECONDARY	
PARTICIPATION AREAS: PLAYER VOLUNTEER SPORTS AUSSIE HOOPS/LEARN TO PLAY	REFEREE COACH TRAINER WHEEL PLAYER WITH SPECI	CHAIR SOC	ADMIN CIAL OFFICIAL
COMPEITION:	TEAM NAME:		
basketball, as there are with most sports. Risks will arise in the context of the activities of running, catching, throwing, shooting and guarding opposing players. While we aim to minimize risks, it is not possible to eliminate them all. CONDITIONS: I hereby acknowledge that: As a member of Cessnock Basketball Association and a player registered with NSWBAL I agree I act in accordance with their constitutions and by-laws applicable. As a general condition of entry into any basketball venue I am required to abide by any codes of conduct that have been issued, published or displayed; and when I participate in any event conducted by under the auspices of NSWBAL I will be bound by their tribunal by-laws. I understand that: 1. All players must be registered before they can commence participating, using the appropriate form and paying the appropriate fee 2. It is a participant's responsibility to ensure that their registration is current 3. If I renew my registration after it has expired then I accept that it may be backdated to when my previous registration expired. PRIVACY STATEMENT Cessnock Basketball Association and NSWBAL collect your personal information to assist in providing products and services you have requested. If you do not provide this information we may not be able to register you. You can gain access to your personal information by			
contacting Cessnock Basketball Asse Box 198, Sydney Markets 2129.	Sciation on 45511030 d	IIU NOWBAL UII 6/05	6333 UI PU
Signature:	Date signed: /	/ <u>2015</u>	
If under 18 years of age this form must be signed by parent or guardian.			
OFFICE LISE ONLY DATE DECEMED. / /201	CARACHINIT: CICA	IFD. DEC#.	