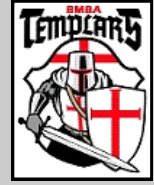




BMBA TEMPLARS BASKETBALL

(ABN number — 33 497 866 231)

INDEMNITY FORM



PARTICIPANT'S NAME: _____

D.O.B. ____/____/____

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

I,, as parent / guardian of the above named applicant, give consent to their registration with the BMBA Basketball program. I understand my child and I will be bound by the rules and codes of conduct BMBA Basketball program. I confirm that I am aware that there are certain dangers of injury in playing basketball and participation in this camp and I agree that neither BMBA Basketball or 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 activities conducted by the BMBA. I understand that I will be responsible for any medical or ambulance expenses incurred by the applicant during the course of any BMBA.

I am aware of the BMBA's Basketball program's Drug and Alcohol policy as well as the players and members code of conduct available for all BMBA participants listed on the BMBA website and that as BMBA participants we have a responsibility to abide by those policies

I also acknowledge that the BMBA takes photographs and videos of their various activities for use on their web page and media articles, scouting and training purposes.

Finally I also understand that the BMBA has a **NO REFUND** policy if my child withdraws from their team, the program or any activity arranged by the BMBA before their registration period for these activities expires.

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

SIGNATURE:

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DATE:/...../.....