



BMBA BASKETBALL JUNIOR PLAYER INDEMNITY FORM



ABN 33 497 866 231

This is a indemnity form for the BMBA basketball competitions: You need to register online at

www.bmba.net.au/bmba-domestic-competitions

PLAYER'S NAME: _____ D.O.B. ____/____/____

TEAM: _____

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 for it's competitions and various events. I understand that the applicant is 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 I agree that neither the BMBA Basketball Program 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 BMBA activities. I understand that I will be responsible for any medical or ambulance expenses incurred by the applicant during the course of any BMBA activities.

I also understand that I may be called upon to assist in team activities and that I may be asked to help with Club social functions and/or fund-raisers.

I am aware of the BMBA Basketball Program's Drug and Alcohol policy as well as the players and members code of conduct for all BMBA participants within the BMBA basketball Program and that these will all be listed on the BMBA's web page. We acknowledge that as members of the BMB Basketball Program we have a responsibility to abide by these policies

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

Finally I also understand that the club has a **NO REFUND** policy if my child withdraws from their team or the club.

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

SIGNATURE:

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