



ABN 33 497 866 231

BMBA REGISTRATION FORM

General form for training, games, camps and any BMBA program

Player Details: Please print clearly

First Name:
Surname:
Date of Birth: / /
Address:
Postcode: Telephone Mobile:
E-Mail:
School / Club Name
Team Name:

Male Female

New Player

Yes

Singlet Number

Parent/Guardian Contact Details: Tick box for preferred contact; leave if both

Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Mobile:	Mobile:
E-Mail:	E-Mail:
Occupation:	Occupation:

I,, as parent / guardian of the above named applicant, give consent to the registration for the BMBA basketball program. I understand that the applicant is bound by the rules and codes of conduct of the BMBA, which can be found on the BMBA web-site at www.bmba.net.au/bmba-domestic-competitions

I confirm that I am aware that there are certain dangers of injury in playing basketball and I agree that neither the Club 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 Club activities.

I understand that I will be responsible for any medical or ambulance expenses incurred by the applicant during the course of any BMBA program activities and any consequent insurance claim. I verify that the information set out above is true and correct for all details. Finally, I also understand that both team and individual photos and training and match videos can be taken at any BMBA event and can be published via the BMBA website. If I object to this I can advise the BMBA in writing.

NAME:.....

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