

Brisbane Basketball Inc.



## Home of the Capitals

NAB Stadium 16 Dixon St, Auchenflower Q 4066 PO BOX 353, Toowong Q 4066 Ph: (07) 3371 0200 Fax: (07) 3870 3043 Email: office@brisbanebasketball.com.au www.brisbane.basketball.net.au

## 2013 PLAYER REGISTRATION FORM

Personal Information—PLEASE PRINT CLEARLY

Surname:	Given Name:	M / F			
Phone (M):	Phone (H/W):				
Email Address:		_DOB:			
Suburb: Post code:					
Company:					
Interested in Sponsor-A-F					
Club/Team Name:					
	ys D1/ Sun Men's 4) :				
	Parent/Guardian Information				
Name:	Relationship:	Relationship:			
Phone (M):	Email:				
Name:	Relationship:				
Phone (M):	Email:				
	Consont Declaration				

## Consent Declaration

I being the mother/father/guardian of the above player who is under the age of 18, guarantee due performance by the player of all terms and conditions set out in the player declaration to the extent that they also apply to me, agree to be bound by those same terms and conditions. I will endeavour to present or ensure a responsible adult is present at all games, training sessions and other basketball activities in which my child is involved.

Player Signature:			Date:			
Parent/Guardian Signature:				Date:		
OFFICE USE ONLY						
DATE PAID:	RECEIPT:	AMOUNT:	STAFF:			
TYPE: AUSSIE HOOPS	JNR (u10-12)	JNR (u14-18)	SNR	2ND ASSOC.		