



## INTENTION TO CLAIM GET STARTED GRANT

I \_\_\_\_\_ wish to inform Ipswich Basketball Association that I intend to apply for the \$150 Get Started Grant for (players name/names)

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Child 4 \_\_\_\_\_

Child 5 \_\_\_\_\_

☐ I understand that the total amount of \$150 will be used for payment of Ipswich Basketball Registration Fees for the whole year.

☐ I understand that my child/ren are not covered by Ipswich Basketball Association medical insurance until monies have been received by Ipswich Basketball Association.

☐ I understand that I am required to abide by the timelines provided in the information schedule to enable my son/daughter to take the Court for representative basketball or club basketball. ***Non-compliance with this schedule will deem your child/ren as non-financial players. Either the full amount must be paid before my child/ren take the court or my child/ren will not take the Court until monies has been received by IBA.***

Parent/Caregiver \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_