

St Peter's Basketball

Winter 2018 - Registration Form



Player Details

| | |
|----------------|----------|
| First NAME: | SURNAME: |
| Date of Birth: | AGE: |
| SHIRT Size: | CLASS: |

Have you played basketball for another club? YES NO
If YES - name of the club & year/ season played. _____

Have you played WABL? YES NO
If YES - year/ season played. _____

Is there any day you **can not** train? _____
NB. We will try our best to meet all special requests, but cannot make any guarantees

Player Agreement:

I agree to-

1. abide by the Sports Code of Conduct in playing for and representing St Peter's Primary School.
2. attend, where possible, all training sessions and games as part of my commitment to my team.

Signed:.....Date:.....

Parents Contact Details

| | |
|---|-------------------------------------|
| Mother's name: | Father's name: |
| Address: | Address: |
| Email: | Email: |
| Phone: Mobile: | Phone: Mobile: |
| Medical Conditions – Does your child suffer from any medical conditions that we should be aware of? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes please give details: | |

Are you interested in Coaching? YES NO
Training & manuals will be provided

Are you interested in managing a team? YES NO

Parent Agreement:

I/WE agree to:

1. abide by the Sports Code of Conduct in my/our role as parent/guardian of the player.
2. pay all registration and other fees as required by the 2nd week of the season. I acknowledge that failure to abide by these conditions will result in my/our child being unable to participate until fees are paid in full.
3. I acknowledge that St Peter's Basketball is not responsible for any injuries or damage that may occur during training or matches.

Signed:.....Date:.....

Media Release – I/ We authorize St Peter's Basketball and the East Perth District Basketball Association to reproduce and/or publish pictures of my child(ren) and I, for the promotion of, or encouraging public participation in, the St Peter's Basketball and East Perth District Basketball Association. I understand that I will not be reimbursed in cash or in kind now or in the future.

Signed:.....Date:.....

Please email to spbasketballteams@gmail.com
or place in the Basketball box in school office.