

Knox Basketball PLAYER REGISTRATION FORM



CLUB DETAILS

Club Name: _____

Date: _____

Secretary: _____

Signature: _____

PLAYER DETAILS

Full Name: _____

Last Name

First Name

Middle Name

Address: _____

Suburb: _____

State

Postcode

Home Phone: (____) _____

Mobile: _____

Email Address: _____ Gender: Male Female

Birth Date: ____ / ____ / ____

School: _____

Representative Details: _____
Association

Representative Grade: _____
EG: VC / VJL-1 / VJL-2 / VJL-3 / VJL-4

Reason for Joining: Schools Program / Aussie Hoops / Friends / Relative / Other _____

Any Existing Medical Condition: _____

PARENT 1 INFORMATION (IF PLAYER UNDER 18 YEARS OF AGE)

Full Name: _____

Last Name

First Name

Home Phone: (____) _____

Mobile: _____

Email Address: _____

Able to provide assistance to Club: YES NO Occupation: _____

PARENT 2 INFORMATION (IF PLAYER UNDER 18 YEARS OF AGE)

Full Name: _____

Last Name

First Name

Home Phone: (____) _____

Mobile: _____

Email Address: _____

Able to provide assistance to Club: YES NO Occupation: _____

SIGNED AGREEMENT

I agree to abide by the rules and regulations of Knox Basketball and Basketball Victoria and will not hold the Association responsible for any injury sustained while competing in competition.

DATE: ____ / ____ / ____

Player or Parent Signature

* Player to sign if over 18 / Parent or Guardian to sign if player is under 18.