

EPPING STORM BASKETBALL CLUB

REGISTRATION FORM - NEW PLAYER

SUMMER SEASON FEB to JUL 2018

NAME OF PLAYER: _____

PLAYER MOBILE (if has own): _____ GENDER: Male / Female (Please circle one)

PLAYER EMAIL (if has own): _____

DATE OF BIRTH: ____/____/____ AGE GROUP: U8 U10 U12 U14 U16 U19 (Please circle one)

The Birthday cutoff date for this season is **30th June 2018**.

T SHIRT SIZE: _____ SHORTS SIZE: _____ SOCK SIZE: 13-3 2-8 6-10 11-14 (Please circle one)

MEDICAL CONDITIONS (if any) _____

CLEARANCE (if required) from _____ Basketball Club

PARENT(S)/GUARDIAN(S)

NAME: _____ RELATIONSHIP: _____

MOBILE: _____ EMAIL: _____

NAME: _____ RELATIONSHIP: _____

MOBILE: _____ EMAIL: _____

HOME ADDRESS: _____

SUBURB: _____ HOME PHONE: _____

PREFERRED CONTACT: _____

NEW PLAYER REGISTRATION FOR NEXT SEASON

_____ (player's name) intends to play in a team with Epping Storm next season.

I agree to be bound by the Codes of Conduct of Basketball Victoria and WCBA rules and Club rules.

_____ Parent's Signature Date: ____/____/____

I agree to be bound by the Codes of Conduct of Basketball Victoria and WCBA rules and Club rules.

_____ Player's Signature Date: ____/____/____

Player Registration Acknowledgment

Your position in a Team will be confirmed by email or text message once teams have been selected. Teams will be released via club website www.eppingstorm.com.au.

The seasons player fees of \$200.00 is due by the 11th February 2018 collected from each player to cover the cost of playing and training.

Copy of Birth Certificate or Passport is also due by 11th February 2018

Uniform Cost of \$100 is due when uniform is received.

The player will also be issued a FREE Gym Bag and a FREE pair of socks with their uniform.

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| Account Name: Epping Storm Basketball Club BSB: 633 000 Account Number: 136484730 Reference: Child's Full Name |
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Player Name: _____ Age Group: U8 U10 U12 U14 U16 U19 (Please circle one)

Signed by Committee Member: _____ Date: / /