

EPPING STORM BASKETBALL CLUB

REGISTRATION FORM - NEW PLAYER

WINTER SEASON FEB to JUN 2017

NAME OF PLAYER: _____

PLAYER MOBILE (if has own): _____

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 2017**.

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: _____

Registration fee

The club pays a Team Registration Fee to the association to enter each team. A fee of \$50.00 is collected from each player to assist in meeting this cost. The player will also be issued a FREE Gym Bag and a FREE pair of socks with their uniform.

Account Name: Epping Storm Basketball Club BSB: 633 000 Account Number: 136484730 Reference: Child's Full Name
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NEW PLAYER REGISTRATION FOR NEXT SEASON

_____ (player's name) intends to play in a team with Epping Storm next season. Payment of **\$50.00** has been made.

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: ____/____/____

RECEIPT for Registration fee paid of \$50

Please check website for Tryout day/times to ensure you are placed in the correct team.

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.

Copy of Birth Certificate or Passport is Due. Uniform Cost of \$90 are due when uniform received.

Player Name: _____ Age Group: U8 U10 U12 U14 U16 U19 (Please circle one)

Signed by Committee Member: _____

Date: / /