

Doncaster All Abilities Basketball

NEW PLAYER REGISTRATION FORM



PLAYER INFORMATION

First Name: _____ Surname: _____

Date of Birth: _____ Age: _____ Gender: M / F

Address: _____ Suburb: _____

Post Code: _____ Email: _____

Team: _____ Division: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Surname: (if different) _____

Address: (if different) _____

Ph: _____ Mobile: _____

Relationship to player(s): _____

MEDICAL INFORMATION

Does the player have a disability? Yes No If yes, please specify: _____

Does the player have any allergies? Please specify _____

Has player had a recent illness or injury? Yes No If yes, please specify: _____

Does the player take/require any medication? Yes No If yes, please specify: _____

EMERGENCY CONTACT

Please provide the details of a secondary contact that is not you:

Name: _____ Ph: _____ M: _____

Relationship to player: _____

Please complete section over page

OFFICE USE ONLY

Payment Type: Cash Card/Credit Card/EFTPOS Cheque Amount \$ _____

Date: _____ Received By: _____

Links Customer Number: _____

REGISTRATION FEES

Please Note: Fees are non-refundable. Fees include coverage of insurance & trophies/flag

Cost per ASeason: 1 Player \$20.00 2 Players* \$35.00 3 or more Players* \$45.00

Fees must be paid before a participant can play.

*** 2 Players & 3 or more Player Fees:** Players must be immediate family members for these fee prices to apply.

PARENT/GUARDIAN WAIVER

I, _____ give consent for _____ to participate in the Doncaster All Abilities Basketball Competition. By enrolling in the Doncaster All Abilities Program, I agree to the payment of fees as set out above and agree that the standard of conduct specified by Basketball Victoria will be observed by both my child, myself and any other accompanying spectator(s). I agree that I have decided (with or without medical advice) that the above mentioned is physically, socially and mentally able to participate. If the occasion arises, I permit Manningham YMCA staff, team coach or other DAAB representative to obtain medical assistance.

I understand that D.B.C accept no responsibility for the loss or damage of personal property, injuries or other losses as a result of participation in the competition.

Furthermore, I understand that occasionally photographs will be taken of the competition that may include my child. I accept that these images may be used for promotional purposes (eg. Flyers, website, brochures).

Manningham YMCA (MYMCA) acknowledges and respects the privacy of individuals. The information being collected on this document is for the purpose of processing registration. The intended recipients of this information are MYMCA, its authorised staff and contract service providers and DDCYC (Doncaster District Community Youth Club). A full copy of MYMCA Privacy Policy can be found at www.aquarena.ymca.org.au or requested by calling 9848 5400.

Signed: _____ **Date:** _____

Print Name: _____

If you do not wish for photographs containing your child to be published in any way, please tick box

Enquiries & Returning this form:

Penny Maher – Doncaster All Abilities Basketball Co-ordinator

Ph: 9848 5400 **E:** penny.maher@ymca.org.au

Post: Suite 8, Level 2 Manningham City Square MC²
687 Doncaster Road, Doncaster 3108

Please only mail cheques/money orders or completed credit card details. Do **not post cash.*

DAAB Online: Web: www.daab.org.au Facebook: www.facebook.com/doncasterallabilitiesbasketball