



REGISTRATION FORM SEASON 2012/2013

P.O. Box 2071, Moorabbin, 3189

Player Details: Please print clearly

First Names:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname:	New Player	
Date of Birth: / /	Yes <input type="checkbox"/>	
Address:	Singlet Number	
Postcode: Telephone Mobile:	<input type="text"/>	
E-Mail:		

**◀ Please tick this box if your details have not changed from last season.
Note you still must sign the form where indicated below.**

Parent/Guardian Contact Details: Tick box for preferred contact; leave if both

Mother: <input type="checkbox"/>	Father: <input type="checkbox"/>
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Mobile:	Mobile:
E-Mail:	E-Mail:
Occupation:	Occupation:
Are you interested in becoming a sponsor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you interested in becoming a sponsor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you interested in becoming a volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you interested in becoming a volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>

I,, as parent / guardian of the above named applicant, give consent to the registration for the Oakleigh Warriors for the 2012/2013 season. I understand that the applicant is bound by the rules, policies and codes of conduct of the Oakleigh Warriors, the Oakleigh Basketball Association and Basketball Victoria, which can be found on the Association's web-site. I confirm that I am aware that there are certain dangers of injury in playing basketball and I agree that neither the Club nor any of its appointed Coaches or Officials are liable in any way whatsoever for any injury, damage or loss of property suffered by the applicant during the course of any Club activities.

I understand that I will be responsible for any medical or ambulance expenses incurred by the applicant during the course of any Club activities and any consequent insurance claims to the Basketball Victoria insurance cover. I verify that the information set out above is true and correct for all details. Finally I also understand that both team and individual photos can be taken and can be published via the OBA website. If I object to this I can advise the Association in writing.

SIGNATURE:.....DATE:/...../.....



Oakleigh WARRIORS



SUBSCRIPTION FEES SEASON 2012/2013

P.O. Box 2071, Moorabbin, 3189

Payment can be by Cheque or money order made payable to 'Oakleigh Basketball Association'

Payments can be mailed to the postal address listed above.

For direct credit payments via online banking enter: BSB 063 159 A/C 1003 1590
(please ensure the players name is clearly indicated)

Fees cover the cost of insurance, courts for training, Basketball Victoria team registration and affiliation, equipment and trophy awards.

Please indicate below which payment option you would like to make:

2011 / 2012 Representative Basketball Fees, due by Friday 16th November, 2012

\$460.00 Full Payment for 1st child

\$410.00 Full Payment for 2nd child

\$360.00 Full Payment for 3rd child

Total Payable:

Request for alternative payment arrangement

In signing this form I acknowledge and understand my responsibilities in regards to the following

- That I must have fees up to date for my child to continue to participate.
- That I can make alternative arrangement if affected by financial hardship.
- Any fees or fines incurred by my child's team must be shared between the members of that team in full.
- Finally I acknowledge that these fees are non-refundable.

SIGNATURE:.....DATE:/...../.....