

Narre Warren Warriors Basketball Club Inc.

ACN A0041793E



Player Registration Form

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Telephone: (H) _____

(M) _____

Gender: M/F

Age group: _____

Returning Player: Yes/No

Parent/Guardian Names: _____

Email address: _____

Representative play: Yes/No. If yes Association/Club, team and vjbl level (ie VC, met 1)

I do / do not give permission the photographs to be taken of my child. These photographs may be used for either newsletters, social media and/or the noticeboard at Cranbourne Stadium.

I agree to commit to the team and attend all training and games where possible and will notify the team manager if unable to do so. I understand I will be required to score at games on a rotating basis.

I have read, understand and agree to abide the Codes of Conduct that apply to all players, parents and spectators.

I agree that I am responsible for all fees relating to my child to be paid by the agreed season "cut-off" date. I understand that fees not paid by this date will mean that our child cannot take the court until fees are paid. Payment plans can be organised with the Treasurer BUT if plans are not adhered to this will also effect the child taking the court.

Signed by parent _____ Date _____

Deposit Paid – Cash _____ Deposit Paid Online _____

Medical Conditions:

Please list any known medical conditions and **please make sure to inform the coach and team manager.**

Please return this form along with \$50 deposit to your team Manager
Players not placed into a team until deposit has been received