



Western Magic PCYC Basketball Club Family Registration Form 2012

Surname: _____

Child Name: _____ M / F DOB: _____

Child Name: _____ M / F DOB: _____

Child Name: _____ M / F DOB: _____

Child Name: _____ M / F DOB: _____

Medical Conditions: Do any players suffer from any medical conditions which may affect their ability to play?

Yes / No If **Yes** please complete a PCYC Medical Form

Parent or Guardian details for players under the age of 18

Surname: _____ First Name/s: _____

Home ph: _____ Mobile/s: _____

Address: _____

Email: _____

I would like to volunteer in some capacity (please circle below)

Coach

Team Manager

General Support Network

Please cross out whichever does not apply to you:

Media Consent

I agree / do not agree to photographs being taken of myself / my child during Western Magic Basketball Club activities.

I agree / do not agree to the publication of photographs of myself / my child on the Western Magic Basketball Club website.

I will notify the Club immediately if I decide to withdraw this consent.

Signature: _____

Parent signature is required if the player is under 18 years of age.

Emergency contact(s):

1. Surname: _____ First Name: _____

Contact Phone Nos _____

2. Surname: _____ First Name: _____

Contact Phone Nos _____

Office Use Only

Upfront		Direct Debit	
Registration Fees x	\$	Registration Fees x	\$
+ Game Fees x	\$	+ Game Fees x	Ezi-Debit
= Total Fees	\$	= Total Fees	\$
- Discount(s)		- Discount(s)	
\$		\$	
\$		\$	
\$		\$	
Less Total Discounts	\$	Less Total Discounts	\$
TOTAL PAYMENT DUE	\$	TOTAL PAYMENT DUE	\$
PCYC Membership Nos		BBI Membership Nos	

OFFICE USE ONLY	
TOTAL FEE PAYABLE	EZI-Debit form Faxed/.../...
Date.....	Staff Member
Amount.....