



## Western Magic Basketball Club Family Registration Form 2013

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ M/F DOB: \_\_\_\_\_ Age \_\_\_\_\_

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**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: \_\_\_\_\_ Relationship to Player/s: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Coach

Team Manager

General Support Network

#### Media Consent

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

I also agree/ do not agree to the publication of photographs of my child on the Western magic Basketball website.

I will notify the Club immediately in writing 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: \_\_\_\_\_

Phone \_\_\_\_\_

2. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone \_\_\_\_\_

### REGISTRATION FEES

		Totals
Child 1	\$	140.00
Child 2	\$	
Child 3	\$	
Child 4	\$	
TOTAL PAYMENT DUE		\$

### PCYC Point of Sale Information

PCYC Membership	\$
Magic Registration	\$

Fees authorised by -

Date -

### PCYC OFFICE USE ONLY

Date :

Total Fees Paid :

Receipt Attached :

PCYC Membership Number :

Staff Member :

### WESTERN MAGIC REGISTRAR ONLY

Registration Form Processed : Date :-

PCYC Receipt No :-

Initial:-