



COLLINGWOOD ALL STARS BASKETBALL CLUB
REGISTRATION FORM
DOMESTIC WINTER 2014

ABN 75 766 486 357

Date Due 23rd February

Register online www.collingwood.basketball.net.au (preferred, discount applies) or complete this form and pay as per reverse.

FAMILY DETAILS			
Surname:		Home Phone:	
No. & Street:			
Suburb:		Postcode:	
Language/s Spoken at Home (opt):			
PARENT / GUARDIAN 1 DETAILS			
Name:		Mobile:	
Email:			
Occupation (opt):		Home Phone: (if different)	
Address (if different):			
Tick if prepared to: <input type="checkbox"/> Coach a team <input type="checkbox"/> Manage a Team Have Working with Children Check Yes / No			
PARENT / GUARDIAN 2 DETAILS (if applicable)			
Name:		Mobile:	
Email:			
Occupation (opt):		Home Phone: (if different)	
Address (if different):			
Tick if prepared to: <input type="checkbox"/> Coach a team <input type="checkbox"/> Manage a Team Have Working with Children Check Yes / No			
ADDITIONAL PARENT / GUARDIAN DETAILS (if applicable)			
Name:		Mobile:	
Email:			
Occupation (opt):		Home Phone: (if different)	
Address (if different):			
Tick if prepared to: <input type="checkbox"/> Coach a team <input type="checkbox"/> Manage a Team Have Working with Children Check Yes / No			

PLAYER 1 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holi-days:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

PLAYER 2 DETAILS			
Name:			Gender:
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holidays:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

PARENT/GUARDIAN CONSENT

- I hereby give permission for my child/ren to participate in training and playing for Collingwood All Stars Basketball Club and I will not under any circumstances hold the Club liable for any accident or injury which may occur. In the event of any illness or incident where it is impracticable to communicate with me, I authorise a representative of the Club obtaining such medical or other assistance as my child may require. This may include the request for specialised services, such as Ambulance, for which I agree to pay all associated costs
- I agree that my child/ren and myself as a parent member will abide by the Rules and Policies of the Collingwood All Stars Basketball Club, and the Basketball Victoria Codes of Conduct in relation to Players, Coaches, Parents and Spectators
- I agree to contribute to the organisation of my child/ren's team/s including scoring and supervising training when rostered or undertaking alternative tasks as agreed with the team manager
- Collingwood All Stars Basketball Club retains the right to use for publicity purposes, photographs taken during training, games, tournaments and social occasions, on the understanding that no child will be identified by name in any published photograph without the permission of the parent / guardian
- I agree that my child/ren's first name and surname (but not address) may be published in team lists on the Club's website

Parent/Guardian signature: _____ Date: _____

Player Signature (if over 18) _____ Date: _____

PAYMENT DETAILS – Amount includes GST		Please print clearly, especially if faxing	
Paid by 18 th August	1 Player: \$120	2 Players: \$215	3 Players: \$310
Paid AFTER 18 th August (if place available)	1 Player: \$130	2 Players: \$235	3 Players: \$340
Amount:	Payment Method (please circle):	Cash / Cheque / Credit Card / EFTPOS (EFTPOS available at Registration Day only) (Cheques payable to Collingwood Basketball Association Inc)	
Credit Card Details (if not paying at Registration Day)	Card No:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	
	Card Type:	Visa / MasterCard	Expiry Date: _ _ / _ _
	Name on Card:		Card Holder's Signature:
Register Online www.collingwood.basketball.net.au or Pay in Person: Registration Day, Sat 15th Feb , Collingwood College 10.30 am – 3.00 pm or Post to: PO Box 1408, Nth Fitzroy, 3068 by 23rd Feb . Fax to: 9419 3203 (Credit Card payments only) by 23rd Feb .			
Office Use Only:	Date Paid:		Receipt No:

Further info: www.collingwood.basketball.net.au or Megan Rouse manager@collingwoodbasketball.com.au 0417 106 490

PLAYER 3 DETAILS			
Name:			Gender:
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holi-days:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

PLAYER 4 DETAILS			
Name:			Gender:
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
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