Registration Form

Family Name: _____ **Given Names** _____

Parents/Guardians Names: _____ _____

Address: _____

Email: _____

Home Phone No: _____ **Mobile:** _____

D.O.B:_____ **Age:** _____ (Attach copy of Birth Certificate)

Previous Experience:

Domestic: YES / NO if yes: Who for? _____

When? _____ Clearance obtained? Yes / NO

Rep.: YES / NO if yes: Who for? _____

When? _____

Emergency Contacts:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone No: _____ Phone No: _____

Ambulance Cover: Yes / No Member Number: _____

Note: Uniforms remain property of Cambridge Basketball Club. Cost incurred for outstanding fees or non-return of uniforms will be charged as an additional cost as per schedule fees for legal representation. Outstanding Fees will be referred to a Debt Collection Agency for recovery.

I hereby agree that the information above is correct and agree to abide by the above conditions.

_____ _____

Player Signature Date

_____ _____

Parent/ Guardian Signature Date