



COFFS HARBOUR BASKETBALL ASSOCIATION

Early Morning Training Sessions

Player Details:

Name: _____
Family Name Given Name

Date of Birth: ____/____/____

Age: ____ Team: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Details:

Home: _____ Parents Work: _____

Mobile: _____ Parents Name: _____

E-Mail: _____

Payment:

\$65.00 for 8 week program payment type : Eftpos / Cash

Media Clearance:

Do you give permission for CHBA to use photos/videos on Facebook and our website of your child?

Yes/No

Signed: _____ Date: ____/____/2016
Parent/Guardian