



Rockingham Basketball Association

Individual Player Nomination Form

Players Name:.....

D.O.B:.....

Gender:.....

Birth Cert Provided/Sited (CIRCLE): YES NO

Address:

Home Phone: **Mobile:**

Email Address:.....

Competition Nominating:

Nominating Grade (CIRCLE):

☐ **Seniors**

A

B

C

☐ **Juniors**

U10

U12

U14

U16

U18

Previous Playing Experience:

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I _____, hereby give permission for the Rockingham Basketball Association to post my details (shown above) on the club webpage and forward to potential team managers in attempt to secure a position in a team.

Signed: **Date:**