



COLLINGWOOD ALL STARS BASKETBALL CLUB REGISTRATION FORM

REPRESENTATIVE PROGRAM 2016/17

Date Due 9th December

Register online www.collingwood.basketball.net.au (preferred, discount applies) or complete this form and post or fax payment.

FAMILY DETAILS			
Surname:		Home Phone:	
No. & Street:			
Suburb:		Postcode:	
Language/s Spoken at Home (opt):			
PARENT / GUARDIAN 1 DETAILS			
Name:		Mobile:	
Email:			
Occupation (opt):		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):		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):	
Medical Conditions / Allergies:			
New Players only	Previous Club:		Clearance lodged?

PLAYER 2 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Medical Conditions / Allergies:			
New Players only	Previous Club:		Clearance lodged?

PLAYER 3 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Medical Conditions / Allergies:			
New Players only	Previous Club:		Clearance lodged?

Note: Form must be signed on reverse by parent and players

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 to meet all financial commitments in full

Parent/Guardian signature: _____ Date: _____

PLAYER CONSENT

I agree to:

- Attend nominated training and skills sessions
- Attend all games even when injured (although not when ill)
- Attend tournaments unless prior commitments prevent
- Report all injuries to coach before playing or training
- Speak directly with coach and team manager if unable to meet any of the above commitments
- Give notice of, and negotiate the impact of, school sporting or other activities on their basketball commitment eg: dates of anticipated conflicting school commitments or family holidays that will be taken during the season
- Understand that accepting a place in a team is a season-long commitment

I have read and agree to abide by the Basketball Victoria Player Code of Conduct.

Player 1 Signature _____ Date: _____

Player 2 Signature _____ Date: _____

Player 3 Signature _____ Date: _____

PAYMENT DETAILS – Please print clearly, especially if faxing

Payment in full or 1st Instalment due 9th December 2016. 2nd Instalment due 28th February 2017.

Payment in Full	Full payment	Full payment, one season discount**	Full payment, two seasons discount***
1 Player:	\$430	\$415	\$400
2 Players:	\$830	\$815	\$800
3 Players:	\$1230	\$1215	\$1200

** Discounted for families with a representative player also playing Summer or Winter Domestic.

*** Discounted for families with a representative player also playing Summer AND Winter Domestic.

1 st Instalment	1 st Instalment Paid by 9 th Dec	1 st Instalment Paid after 9 th Dec	Discounted 1 st Instalment * Paid by 9 th Dec	Discounted 1 st Instalment * Paid AFTER 9 th Dec
1 Player:	\$215	\$235	\$200	\$220
2 Players:	\$415	\$455	\$400	\$440
3 Players:	\$615	\$675	\$600	\$660

* Discounted 1st instalment for families with a representative player also playing Summer Domestic

Amount:		Payment Method	Cash / Cheque / Credit Card
Credit Card Details	Card No:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _	
	Card Type:	Visa / MasterCard	Expiry Date: _ _ / _ _
	Name on Card:		
	Signature:		

Pay by 9th December. Registration Preferred Online www.collingwood.basketball.net.au (discount applies) or

Post to: PO Box 1408, Nth Fitzroy, 3068. **Fax to:** 9419 3203 (Credit Card payments only).

Office Use:	Date Paid:		Receipt No:	
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Further information: www.collingwood.basketball.net.au or Megan Rouse 0417 106 490