



KALAMUNDA



REGISTRATION DAY

WABL REGISTRATION 2018

The 2018 WABL registration day will be held on Sunday 25th March from 12pm - 4pm in the Eastern Suns meeting room (adjacent to Ct 5 & 6) at Ray Owen Stadium.

Players need to complete and return their rego forms and pay their registration fees on this date.

2018 WABL PLAYER FEES

D-League \$350.00

U12s - \$340.00 / U14s - \$380.00

U16s, U18s & U20s - \$400.00

Selected Training Only Players \$150.00

(all prices include GST)

Payment by Cash or EFTPOS is now available

GAME DAY UNIFORM

(required before first playing date)

Competition Shorts	\$40.00
Competition Warm Up Tops	\$50.00

TRAINING UNIFORM

(required once teams are announced)

Reversible Training tops	\$45.00
Eastern Suns Training shorts	\$40.00



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2018 PLAYER REGISTRATION

Team: 12.1 12.2 12.3 14.1 14.2 16.1 16.2 18.1 18.2 20s D-League Gender: M / F

Surname: _____ Given Names: _____ DOB ____/____/____

Address: Number _____ Street _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Email: _____

Parent/Guardian Name: _____ Mobile: _____

Parent/Guardian Name: _____ Mobile: _____

The club utilises email as a form of communicating with its members. As such please make sure you provide us with a valid email address. It is a requirement of the Sporting Pulse database.

MEDICAL INFORMATION

I/We _____ hereby grant permission to the KES coaching staff to seek any medical attention necessary for myself/my child, including but not necessarily limited to emergency treatment, X-rays, physiotherapy, doctors, dentists, should the need arise. I/We agree to pay all medical expenses incurred.

Parent/Guardian _____ Date: _____
(Parent/Guardian signature required if player under 18 years of age)

HEALTHCARE DETAILS

Medicare Number: _____ Private Health Insurance: Yes / No

Fund Name: _____

Private Doctor: _____ Telephone: _____

Address: Number _____ Street _____

Suburb: _____ State: _____ Post Code: _____

MEDICAL HISTORY DETAILS

Asthma	Yes / No	Migraines	Yes / No	Contact Lens	Yes / No
Epilepsy	Yes / No	Ventolin	Yes / No	Heart Murmur	Yes / No
Diabetes	Yes / No			Heart Problem	Yes / No
Allergies	Yes / No	Specify: _____			



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MUSCULOSKELTAL DETAILS

Have you had any back problems: Yes / No Describe: _____

Do you require strapping Yes / No Describe: _____

Do you have orthotics Yes / No Do you have a mouthguard Yes / No

MEDICATION DETAILS

Are you taking Medication: Yes / No What for: _____

Is the Medication prescribed: Yes / No

The use of banned or illegal drugs is strictly prohibited and as representatives of Eastern Suns offenders will be dealt with seriously.

EMERGENCY CONTACT DETAILS

Surname: _____ Given Names: _____

Address: Number _____ Street _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Relationship: _____

Surname: _____ Given Names: _____

Address: Number _____ Street _____

Suburb: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Relationship: _____

CONSENT FOR PHOTOGRAPHS

Kalamunda Eastern Suns publishes digital and printed images in promotional material such as WABL Player Cards, Team photos, Calendars, Club website etc. Please indicate below if your son or daughter is able to appear in any images, either printed or digital.

I do / do not give permission for my son/daughter's digital or printed image to appear from time to time in the material promoting Kalamunda Eastern Suns Basketball Association.

Parent/Guardian _____ Date: _____

Should you change your mind regarding this consent it is your responsibility to advise a member of the Eastern Suns Coaching staff or inform us in writing via email or post.



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PLAYER CODE OF CONDUCT (All Players to sign)

Team: 12.1 12.2 12.3 14.1 14.2 16.1 16.2 18.1 18.2 20s D-League

Gender: M / F

Surname: _____ Given Names: _____ DOB ____/____/____

As a representative of the Kalamunda Eastern Suns Basketball Club, I agree to abide by the directions of the Club and its appointed officials and in particular:

- I am responsible for all monies owed or to be owing to the club. I understand that if I am not financial, I may not be permitted to play.
- I will co-operate fully with the Coach, or other persons delegated by the Coach, in all matters relating to training and competitions. I will notify the Coach if I am unable to train or play.
- I will conduct myself in an exemplary manner and endeavour to be fully fit for all competitions.
- I will observe all regulations of dress, including the wearing of regulation shorts and warm up tops as prescribed. I will attend training in correct training uniform.
- I will assemble, depart, travel and return at times and in the manner determined by the team manager or coach.
- I will take no action that will commit the club to any financial expense.
- I agree to play by the referees whistle and will not argue or show dissension in any way. Only the Coach or Captain may query any decision he/she feels warranted.
- I understand that if I am issued with a Technical foul during any game, such an offence may be bought before the Board and disciplinary action, including game suspension may occur. For repeated offences, I may be expelled from my team.
- I will refrain from using any vulgar or obscene language or acting in a malicious manner unbecoming to anybody whether it is at training, in games, or in any other area that I am representing the Eastern Suns, and accept that failure to do so may result in suspension from my team.
- I will take no action that will bring the Club into disrepute; this includes the denouncement or sledging of club personnel, team members, coaching staff & team managers.

I hereby state that I will abide by the Kalamunda Eastern Suns Basketball Club Player Code of Conduct in respect to all of the above clauses.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Representative Player Obligations

As a representative player of the Kalamunda Eastern Suns, I agree to assist my team and my club with the following activities during the course of the 2018 WABL season.

- I will attend one compulsory Eastern Suns SBL game with my team. I understand that there is no cost involved for me to attend and the game will be held at Ray Owen Stadium. Time & date will be provided to me by my Team Manager.
- I will make myself available for Representative Team Photos at a time and date to be advised.

I hereby state that I will abide by the Kalamunda Eastern Suns Representative Player Obligations in respect to the above clauses.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Fundraising

Kalamunda Eastern Suns holds 2 team fundraising events annually.

- Home Game Sausage Sizzle (one per team)
- Cadbury Chocolate Boxes

We appreciate the efforts of our families who take home a box of chocolates as part of our whole Club fundraiser or assist with Team BBQs. For those families who do not wish to participate in our fundraising activities -there is a fundraising levy of \$30.00 per child or \$50.00 per family, which is payable with registration fees.

I hereby state that I do not wish to participate in any fundraising activities and have opted to pay the fundraising levy in the amount of \$30.00 ☐ or \$50.00. ☐ (please tick whichever applies)

Signature: _____ Date: _____

Volunteers

Kalamunda Eastern Suns is run by Volunteers. Coaching Staff (*excluding SBL*), Managers & all Administration staff are unpaid.

We are always looking for more people to help, especially with SBL game nights.

If you are interested in assisting the Club please email sbl@kalamundabasketball.com.au