



Central Coast Waves Basketball Association

Niagara Park Stadium, 18 Washington Avenue, Niagara Park, NSW 2250
Phone: 0448 241 509 Email: ccwavesbb@gmail.com

PAYMENT SCHEDULE FOR 2019 FEES

The fees for the 2019 Representative Season have been set at as below. There will be a reduction in fees for multiple children selected from a family, as follows:

- First child \$600
- Second child \$570
- Third child \$550
- Development \$300

We request a commitment fee of \$100 by the 15th September 2018 to hold your child's position in their team. This commitment fee is non-refundable. Fees for 2019 will include a FREE player ticket to the 2019 Presentation and team entry to Seaside Classic (Port Macquarie) held in November 2018.

Fee Schedule:

Instalment	Amount	Date Due
Commitment Fee	\$100	15 th September 2018
2 nd Instalment	\$100	26 th October 2018
3 rd Instalment	\$100	30 th November 2018
4 th Instalment	\$100	28 th February 2019
5 th Instalment	\$100	28 th March 2019
6 th Instalment	\$100	27 th April 2019

** If you are having problems meeting these financial obligations, please speak to Evan Bennett (President) or Michelle Cleverly (Treasurer), in confidence as soon as possible, to discuss ways that we might be able to assist you.*

** If fees are not up to date and paid by 1st June 2019 you will receive a debt collectors letter and will be liable for any fees that are incurred.*

Statements will be issued by Email. Please write down the Email address to which you would like statements sent to, in the space provided below and return slip to the Waves office. PLEASE ensure email address is written CLEARLY.

If your email address comes back incorrect, we will call you for the correct address. If you are having trouble opening your invoice via email, please see the Waves treasurer and or Admin assistant.



Child's Name: _____

Team: _____

Parent /Carer Email (PRINT CLEARLY): _____



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HOW TO PAY YOUR FEES FOR THE 2019 SEASON

There are several ways for you to pay for your fees. Payments can be made as follows;

- **Cash**
cash payments can be made at the Waves office
- **Cheque**
*Cheques made out to **Central Coast Waves Basketball Association**.
Payment with cheque can be made at the Waves Office or by mail*

PO BOX 9035
Wyoming NSW 2250
- **Eftpos**
At the Waves office
- **Direct deposit.**
By using the internet to pay for your fees you will be able to add your child's surname name to the transaction. See Waves bank account details below.
- *These payments will take at least 2-3 business days to fully clear. If a payment is made at the Westpac Bank unfortunately you will not be able to in put a reference of your child's name they will only put in numbers. If you choose to pay at the Branch, please provide a copy of your payment ask the Bank for a receipt.*

Westpac Bank

BSB: 032 523

Account No. 23 77 83

Reference: Child's name and REP



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JUNIOR REPRESENTATIVE PLAYERS – 2019

Medical Consent

Information

Name: _____ **DOB:** _____

Address: _____

Telephone: _____ **Mobile:** _____

Email: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Telephone: _____ **Mobile:** _____

Family Doctor: _____ **Telephone:** _____

Medicare Number: _____

Private Health Insurance: Yes No (Please Circle)

Company: _____ **M/ship No.:** _____

Medication/Drugs NOT to be given: _____

Medication being taken: _____

Chronic Disease: _____

Allergies: _____

**** PLEASE ATTACH ANY OTHER INFORMATION YOU FEEL RELEVANT****

I understand that the Central Coast Waves and its officials will take all possible care but will not be liable for any injury or damage sustained to my person or property. I authorise the officials to seek medical or dental attention at my expense. I authorise the officials to make available this medical information to medical personnel and to the organisers, as deemed necessary.

Name of Participant: _____

Signature (Participant): _____

Signed (Guardian): _____



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BASKETBALL NSW

CHILD PROTECTION GUIDELINES FOR PHOTOGRAPHS AND VIDEO

Background

The internet is a wonderful tool that has become part of our daily lives. Here at Basketball New South Wales we use it to communicate with our members. One of those communication tools is to post action photographs from various competitions and events with which BNSW is involved, onto the BNSW website. We know that most players love to see their photos and team mates on the web.

However, Basketball NSW has a dilemma because, in spite of the best intention on the world on the part of the publisher, children may end up being identifiable though published information, including photographs. Evidence in Australia indicates that what is posted on an internet site or published in a magazine or newspaper has the potential to be used to target children for any number of reasons.

Basketball New South Wales will always be vigilant in attempting to ensure that all materials we use to promote a team or individual is not misused.

Accordingly, Basketball New South Wales will:

1. Never give out personal information about any child. This includes surname, address or telephone number.
2. Photographs that are used will not include identifying information – such as full names, addresses, etc.
3. Be very careful with all information that we utilise.

Basketball New South Wales will only use approved photographers to take photographs throughout all Basketball NSW events. Any player, whose parents (or guardians) do not fill out and sign the following form, will not be included in any photographs published on the BNSW website or in other BNSW publications.

In addition to this, there is now a need to gain parental or guardian's permission in relation to spectators/parents photographing or filming games. Each player competing in a BNSW event will need the following form returned before competing. If a parent does not want their child to be photographed or filmed, then no one can photograph or film any game when that child is playing.



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Basketball NSW Events Photograph/Filming Permission Form

I, _____,

(Parent's Name)

Having read and understood the attached information sheet regarding the use of photographs and video, give Basketball New South Wales and associated organisations permission to use photographs and video of my son/daughter taken whilst competing in any activities conducted by Basketball New South Wales in 2019.

(Player's Name)

(Association)

(Age Group)

(Team Colour Blue/White)

(Parent's Signature)

(Player's Signature)



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CENTRAL COAST WAVES PLAYER & FAMILIES AGREEMENT

1. I understand and accept that participation in the Central Coast Waves Representative Program is a privilege and honour and agree to maintain the highest standard of effort, performance and behaviour at all times.
2. I accept without reservation, the appointment to any role of coaching staff, administrative staff and/or authorised personnel and agree to abide by any decisions made by those appointed or by Central Coast Waves.
3. I understand that my behaviour and performance reflects on Central Coast Waves and accept the right of Central Coast Waves to consider further action should I fail to fulfil my obligations under this agreement.
4. I agree without reservation to participate fairly and in a sportsmanlike manner at all times in any fixture and at any venue, whatever role my participation may take at the time.
5. As a player I will inform my coach of my commitments to other sporting bodies and accept any decision made by the coach based on my stated availability. I acknowledge that it is hoped that a representative commitment to basketball will take priority over a club commitment in another sport.
6. I understand that **NO TRAIN – NO PLAY** can be used as a guideline in the selection of the team for any particular match or matches by the discretion of that particular coach, and I will endeavour to be punctual to all team games, practices or meetings.
7. I will make myself available for all fund raising activities run for and by my team and any other representative fundraising activities conducted by the Central Coast Waves.
8. I shall conduct myself in a proper manner and be concerned with my appearance during games to reflect distinction on the association, and will warm up in my Central Coast Waves uniform and understand that no other apparel is to be worn.
9. I accept that where accommodation is required for the team, the Team Manager may coordinate for the team to stay in suitable collective accommodation at own expense.
10. I understand that inappropriate behaviour, consumption of alcohol, substance abuse, or attitude detrimental to the team or the association may result in disciplinary action or expulsion from the representative program.
11. I agree to abide by any rules, policies, by-laws and/or guidelines governing the operation or administration of the Central Coast Waves Representative Program including any rules, policies, by-laws and/or guidelines set forth by a governing body of the sport. I have read the Representative Information Booklet.
12. I accept that there are risks of injury associated with playing basketball, as there are with most sports. Risks will arise in the context of the activities of running, jumping, catching, throwing and guarding opposition players. I understand that while Central Coast Waves aims to minimise risks, it is not possible to eliminate them all.



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13. I understand that all players must be registered and are responsible for ensuring that their registration is current and have my primary registration with the Central Coast Waves.

14. I agree to support the Department of Sport and Recreation's policy and guidelines relating to Child Protection. Adults should be aware that anyone under 18 years of age is covered under the Child Protection Act (1998), which will include players (both Waves & opposition players) and junior officials. For further information regarding the Child Protection Act please go to www.dsr.nsw.gov.au

15. As a parent/guardian of a Representative Program participant, I agree to share the associated responsibilities and obligations of the team including transport, fundraising and score bench duties to ensure maximum enjoyment for all and fair contribution by all.

16. I agree to meet all financial obligations as and when they fall due or to communicate any difficulty in meeting said obligations by the specified date.

17. In accepting a position within a Central Coast Waves Representative team, I acknowledge that Waves will use photographs and some personal information on the Central Coast Waves website and in various literature, newsletters and related publications and agree to the reasonable use of such photographs and information.

18. I will be available to represent the Association in Preseason Tournaments, Waratah Junior Eastern League/Northern League (if combined), Country Championships, Waratah Junior Country Championship League and State Championships.

19. I understand that I must fulfil my obligations to play in my age group at the Central Coast Waves domestic competition at Niagara Park Stadium, and that if I don't, my representative coach will be informed and I will be immediately suspended from any further representative games until I receive clearance from the Central Coast Waves Executive Board.

20. As a parent/guardian I agree to provide my personal contact details to the Waves Team Manager to create a Team Contact list for distribution amongst the team and to the Waves Team Liaison Officer.

Players Name: _____

Players Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Dated: ____/____/____

OFFICE USE ONLY	
IDENTIFICATION & INVOICE NUMBER	



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