



COLLINGWOOD BASKETBALL ASSOCIATION
REGISTRATION FORM
DOMESTIC WINTER 2020

ABN 75 766 486 357

Date Due 24th February

Register online www.collingwood.basketball.net.au (preferred) or complete this form and pay as per reverse.

FAMILY DETAILS			
Surname:		Home Phone:	
No. & Street:			
Suburb:		Postcode:	
Language/s Spoken at Home (opt):			
PARENT / GUARDIAN 1 DETAILS			
Name:		Mobile:	
Email:			
Occupation (opt):		Home 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):		Home 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			
ADDITIONAL PARENT / GUARDIAN DETAILS (if applicable)			
Name:		Mobile:	
Email:			
Occupation (opt):		Home 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):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holidays:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

PLAYER 2 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holidays:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

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 that my child/ren's first name and surname (but not address) may be published in team lists on the Club's website

Parent/Guardian signature: _____ Date: _____

Player Signature (if over 18) _____ Date: _____

PAYMENT DETAILS – Amount includes GST				Please print clearly	
Paid by 24 th February		1 Player: \$285	2 Players: \$555	3 Players: \$825	
Paid AFTER 24 th February (if place available)		1 Player: \$335	2 Players: \$655	3 Players: \$975	
Amount:		Payment Method (please circle):	Cash / Credit Card / EFTPOS		
Credit Card Details (if not paying at Registration Day)	Card No:	_ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _			
	Card Type:	Visa / MasterCard	Expiry Date:	_ _ / _ _	
	Name on Card:		Card Holder's Signature:		
Register Online www.collingwood.basketball.net.au (preferred) or Pay in Person: Collingwood Basketball Office, Collingwood Stadium (times to be advised) by 24th February					
Office Use Only:	Date Paid:		Receipt No:		

Further info: www.collingwood.basketball.net.au or Megan Rouse manager@collingwoodbasketball.com.au 0417 106 490

PLAYER 3 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
Playing TIMES not available – reason and times:		Playing DATES not available – eg camps, family holidays:	
Medical Conditions / Allergies:			
Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	

PLAYER 4 DETAILS			
Name:		Gender:	
Date of Birth:		Mobile (opt):	
Email (opt):		School (opt):	
Country of Birth (opt):		Cultural Background (opt):	
Preference for team placement (please tick ONE only): <input type="checkbox"/> Playing with a group of players with like skills and abilities <input type="checkbox"/> Playing with friends (name up to three) <input type="checkbox"/> Playing a team sport and meeting new friends Please note that the club will endeavour to satisfy a player's preference but this will not always be possible.			
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Older players only - Tick if prepared to: <input type="checkbox"/> Coach a team			
New Players only - PLAYER FROM ANOTHER CLUB - PLEASE CHECK IF CLEARANCE IS REQUIRED			
Previous Club:		Previous basketball experience:	