

Basketball Auckland Inc.

2009 Registration Form



*This form must be completed in full and be posted to
Basketball Auckland P.O BOX 26599 Epsom Auckland 1344.*

Or emailed to admin@basketballauckland.co.nz

One form per registered player please.

Please Write Clearly

Surname: _____ First: _____

Address: _____ Suburb: _____

Email _____

Phone: _____ Mobile _____

Date of Birth _____ Year (1-13) _____

School: _____

Coaches Name _____

Number of seasons playing Basketball _____

Preferred Positions _____

Played in a rep team before? Y / N Team _____

Are you a member of any other association Yes / No

If Yes which one _____

Days **NOT** available to play basketball (Please Circle) M T W T F S S

Player Interests

As a player are there any interests that you would like to pursue within Basketball

Coaching ☐ Scorebench ☐ Refereeing ☐

Parents / Guardians Names:

Parent Help: Without parent help we cannot function as an Association. Please consider how you can help your child by helping the Association. Advice and support will be given, particularly for the coaching and referees role. Tick one or more please.

Coach ☐ Manager ☐ Referees ☐ Parent help ☐

Previous coaching experience: _____

I authorise the Association to use this information under the provisions of the Privacy Act 1993 and hereby authorise the Association to supply details from this form to the Association Manager and Coaches, our Association sponsors and BA or the BBNZ only for the betterment of Basketball.

Upon completion of this registration you will be required to except the terms and conditions of Basketball Auckland in
Regards to the player transfer rule.

Signature (Parent or Guardian if under 18 years old)

Date:

Name of Parent or Guardian (if under 18 years)

Phone / Address (if different from player)