

Satellite Programme Development

Programme Name: (please circle) **Central Cougars** **Eastern Tigers**

Name

Surname: _____ First Name: _____

Contact Details

Address _____

Email 1. _____ Home Phone _____

Email 2 _____ Mobile _____

Date of Birth / /

School _____ **Year (1-13)** _____

Basketball Experience

No. of years playing experience _____

Casual / School Miniball Team / Representative Team (Circle One)

Details _____

Are you a member of any Basketball Association? If so which one? _____

Name of Parents / Guardians

Parent Help: We are very keen to develop a group of motivated supporters of the Central Cougars that can support us in the operations. We consider active parent participation to be essential to developing an effective Culture. Please consider how you can help your child by helping. We will not leave you stranded and will support you in any role you offer to assist us with by providing relevant information, advice and support.

Coaching Manager Refereeing Help (please circle that which applies)

Name: _____

Signature: _____ **Date** _____