



Heat Basketball Registration Form.

Player Information

Last Name:

First Name:

Middle Name:

Street address:

Birth date:

Sex:

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Suburb:

Post Code:

Home Phone:

Mobile Phone:

Email Address:

Parent Information

1st Parent Last Name:

First Name:

Mobile No.:

Email address: *(please print clearly)*

2nd Parent Last Name:

First Name:

Mobile No.:

Email address:- *(please print clearly)*

Additional Information

Have you previously played basketball?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which Club did you play for?		
Which school do you currently attend?		
Do you give permission for your child/children's name to appear on our website or Facebook site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for your child/children's photo to be taken and used on one of our social media sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a current Blue Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card No: Expiry:-
Do you have current First Aid qualifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you be interested in a Team Manager or Coaching Position?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Does your child have any medical condition or ongoing injuries that should be disclosed in the interest of ensuring safety? :-

Office use only:-

Birth Certificate Sighted: - Yes No

Code of Conduct Issued:- Yes No

Privacy Statement: - This information is collected for Heat Basketball Administration, communication and planning purposes. Except for legitimate basketball reasons (e.g.: Basketball Queensland) your personal information will not be disclosed to a third party without your consent, unless authorised or required by law, in accordance with the Privacy Act.