



Goulburn Basketball Association

REGISTRATION FORM

Given Names: _____

Family Name: _____

D.O.B: _____

Address: _____

Phone Number: _____

Email Address: _____

Team Name: _____

Team Division: _____

Emergency Contact Details

Name: _____

Phone Number: _____

Relationship: _____

Medical Conditions

YES NO

If Yes, Describe _____

Please Circle Type Of Registration Required

PLAYER REFEREE COACH MANAGER OTHER: _____

I hereby acknowledge that as a member of the Goulburn Basketball Association, Incorporated & a player registered with NSW Basketball, I agree to act in accordance with the Constitutions and By Laws as applicable. As a general condition of entry to any basketball venue I am required to abide by any codes of Conduct that have been issued, published or displayed. When I participate in any event conducted under Auspices of NSW Ball I will be bound by their Tribunal By Laws I understand that;

1. All Players **MUST BE REGISTERED** before they can commence participating, using the appropriate form & paying the appropriate fees.
2. It is a participant's responsibility to ensure that their registration is current
3. If I renew my registration after it has expired then I accept that it may be back dated to when my previous registration expired

PRIVACY STATEMENT

Goulburn Basketball Association & NSW Basketball collect your personal information to assist in providing products & services that you have requested. If you do not provide this information we may not be able to register you. You can gain access to your personal information by contacting Goulburn Basketball Association P: 0248213363 or www.goulburnbasketball.com.au Or NSW Basketball Association P: 0287658555 or PO box 198 Sydney Markets 2129. From time to time Goulburn Basketball Association & NSW Basketball circulate information & special offers to members & registered participants.

Signed: _____

If U/18 Parents Signature: _____

Date: _____

OFFICE USE ONLY

Receipt #: _____ Amount Paid: _____

Signed: _____ Date: _____