

PLAYER REGISTRATION FORM

If you are nominating a team EACH player in the team will need to complete one of these registration forms.

NAME OF PLAYER: _ADEN THOMPSON_

ADDRESS: _6 Hart st_

SUBURB: _Lesmurdie_ POSTCODE: _6076_

PHONE: MOBILE: _0422 210 628_

HOME: _____

WORK: _____

EMAIL ADDRESS: _MR_BASTION@PROTON.ME_
(Please print this clearly)

DATE OF BIRTH: _19/10/1982_

Please complete the questions below:

- (1) Are you nominating a team ? ☐ yes ☒ no
If yes, please give the team name and the uniform colours. If you answered yes there is no need to fill in any more of the form except to sign and date it at the bottom.

- (2) Do you belong to an already established team ? ☒ yes ☐ no
If yes, please fill in the team name below. If no, we will find a team for you to join.

TITANS _E GRADE_

- (3) How many years have you played basketball? _1_

- (4) In what competitions and grades have you recently played in? _Last Season E GRADE_

- (5) Have you been suspended, banned, deregistered from the BINN Competition? _NO_ If so, please give details.

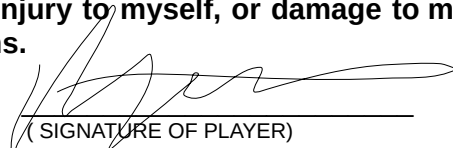
- (6) If you are a shift worker or your work might involve Saturday afternoons please give details including the dates and times in the space below.

NO

- (7) If you are unavailable to play any games during the season, please give dates in the space below.

02/08 & 04/10 & 11/10 (depending on game time) _08/11 - Away_

I wish to play in the Basketball Innovations Competition. I enclose \$_____ to cover my fees. I agree to comply with the competition rules and the codes of conduct and support to the best of my ability the Administration and general functioning of Basketball Innovations. I will not hold Basketball Innovations or centres where the Basketball Innovations Competition is played liable in the event of injury to myself, or damage to my property, before, during and after any games or training sessions.


(SIGNATURE OF PLAYER)

01/07/2025
(DATE)