



REGISTRATION

NAME: _____ D.O.B: ____/____/____

ADDRESS: _____

SUBURB/CITY: _____ POSTCODE: _____

HAVE YOU PLAYED IN A PREVIOUS CLUB? YES NO (Please circle)

IF YES, HAVE YOU OBTAINED CLEARANCE FROM THE PREVIOUS CLUB?

YES NO (Please circle)

HOW MANY YEARS HAVE YOU PLAYED BASKETBALL? _____

DO YOU PLAY WABL? YES NO (Please circle)

IF YES, WHAT TEAM DID YOU PLAY FOR? _____

____/____/____

PARENT OR GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

PAYMENT: _____ PAID? YES NO (circle)