

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)