



WOODLANDS WARRIORS BASKETBALL CLUB

PLAYER REGISTRATION FORM

Player Details:

Name: _____ (Friend in same team) _____

If more than 1 new Prep team formed. Only if room allows in existing teams

Sex: M/F _____ Year Level _____ Date of Birth: _____

Address: _____ Postcode _____

Parents Details:

Father's/Guardian Name: _____ Mobile Phone: _____

Email : _____

Mother's/Guardian Name: _____ Mobile Phone: _____

Email : _____

Have you played basketball before? If so for how long? Please provide details of last club and level played.

Details: _____

Medical details: Please read and put an "x" in appropriate box.

Yes No

Do you have ambulance cover? (The club is not liable for costs incurred by Ambulance travel)

Are you of Aboriginal or Torres Strait Islander decent? (FBDA registration purposes)

Does your child suffer a chronic medical condition, allergy, asthma, diabetes, etc?

Details: _____

I consent to Woodlands Warriors Basketball Club obtaining medical treatment for my child in an emergency

Club information: Please read and put an "x" in appropriate box.

Yes No

Are you interested in becoming a Coach?

Are you interested in becoming a Team Manager?

Do you have a Working With Children Card?

Number: _____ Expiry: _____ Each Coach or Team Manager MUST have a Working With Children Card

Do you consent to your child's name/photo being used in our club Website and Newsletter and Facebook page?

THE CLUB WILL KEEP RECORDS OF THOSE FAMILIES NOT WANTING THEIR CHILD/CHILDREN TO NOT BE MENTIONED OR PHOTOGRAPHED