



Registration Form

Try Out No:

Name: _____ DOB _____

Address: _____

Contact Home No. _____ Mobile _____

Email: _____

Parents Details/ Emergency Contact Details

Name _____ MOB _____ Phone _____

Name _____ MOB _____ Phone _____

Does your child have a medical condition YES/NO If yes, please explain

Ambulance Subscription YES/NO Number _____

Which domestic club within CBA does your child play for? _____

A copy of your birth certificate is required if you are a new player.
Registration is compulsory on the 29/10/17. A minimum payment of \$250.00 (non-refundable) is payable on this day. CASH/ CHQ/ EFTPOS/ CREDIT CARD

I/We give my/our permission for our child to be photographed or videoed, and used in club promotions or publications.

We agree to abide by the Club policy for fee payment, VJBL Code of Conducts, and acknowledge to have read and to abide by the Casey Cavaliers Parents/ Player Handbook available on the Casey Basketball website www.caseybasketball.com.au, which outlines Club rules and regulations.

In the event of any illness or accident, I authorise the Team Manager/Coach, where it is impracticable to communicate with me, to my child receiving medical or surgical treatment as may be deemed necessary, and accept responsibility for payment of any expenses thus incurred.

Print Name _____ Signature _____ Date _____