



## MANCHESTER AFTER SCHOOL BASKETBALL REGISTRATION & PERMISSION – SEASON ONE 2017

**REGISTRATION FEE PAYABLE : \$10.00**

**SINGLET HIRE (New Player): \$10.00**

NAME: \_\_\_\_\_ GRADE (2017) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CURRENT AFTER SCHOOL TEAM (If applicable) \_\_\_\_\_ SINGLET NO. \_\_\_\_\_

K&MDBA MEMBERSHIP NUMBER \_\_\_\_\_

**Do you play for cobras? Yes/ No**

**Are you a new player? Yes/ No**

*Please note: if your child has never played basketball you will have to complete a separate K&MDBA membership form and pay the applicable fees at either Kilsyth or Lilydale stadium.*

### **PARENT/GUARDIAN CONSENT**

*I give permission for my child to play in the After School Basketball competition. In the event of accident or illness, I authorize the adult in charge of the program to consent where impractical to communicate with me, to my child receiving such medical treatment as deemed necessary.*

*If your child suffers from a medical condition you feel we should be aware of please provide details: E G Asthma \_\_\_\_\_*

Parent/guardian name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **EMERGENCY CONTACT DURING GAMES AND TRAINING:**

NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

***COMPLETED REGISTRATIONS FORMS & FEES SHOULD BE RETURNED TO THE OFFICE IN A CLEARLY MARKED ENVELOPE. NEW SEASON BEGINS THE WEEK OF 20/2/17.***

**ASAP**

**Sharon Stivey 0405-049-623**