



**2021 WINTER: JUNIOR & YOUTH COMPETITION
FRIDAY & SATURDAY @ THOMAS HASSALL
REGISTRATION FORM**

TEAM: _____ **AGE GROUP** _____

FIRST NAME: _____ **SURNAME:** _____

SEX: MALE / FEMALE (circle) **BIRTH:** ____/____/____

ADDRESS: _____

SUBURB: _____ **POSTCODE:** _____

EMAIL ADDRESS: _____

SCHOOL: _____ **GRADE:** _____

CONTACT DETAILS:

PLAYER MOBILE: _____

PARENT 1 NAME: _____

MOBILE: _____

PARENT 2 NAME: _____

MOBILE: _____

MEDICAL HISTORY:

Please list any medical conditions that may affect you whilst participating in physical activity:

Notes: _____



REGISTRATION & GAMES FEES:

Game fees and player registration is now a combined fee. Registration was previously a separate fee but is now included in one comprehensive fee. There is no online process required for this season.

REGO & GAME FEES: \$160 per player for the season

ACTIVE KIDS SPORTS VOUCHER:

We are an APPROVED PROVIDER. You can use your \$100 voucher towards basketball fees with us.



PARENT/GUARDIAN CONSENT:



- I give my child permission to play in the Hoopsters/ROAR Basketball 2021 Winter Junior & Youth Competition at Thomas Hassall Anglican and understand that he/she will undertake physical activity. I understand that participation in basketball activities involves risk of injury and/or loss and damage to my property and that I participate in basketball activities at my own risk. I also release the coaching staff and organisers from all indemnity whilst my child is participating.
- I consent ROAR Basketball & Hoopsters to use my, my child or ward's, photographic image or words for promotional purposes. I assign any and all rights, to ROAR Basketball & Hoopsters.
- I also understand that I and any other person supporting my child must behave in a sportsmanlike manner and that no bad language or behaviour will be tolerated and that I have received and read a copy of the code of behaviour and acknowledge that misconduct may lead to suspension of registration with ROAR Basketball & Hoopsters.

Parent/Guardian: Signature _____

Print Name: _____ Date: ____/____/____

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Office use:

Payment received: ____/____/____ **Amount:** \$ _____

Method: Cash / Cheque **Receipt #:** _____ **Received by:** _____

Other payment: _____

Date: ____/____/____ **Receipt #:** _____ **Received by:** _____

AKV _____