



REGISTRATION

FEES (NON-REFUNDABLE)	1 CHILD	2 CHILDREN	3+ CHILDREN
JOINING FEE (NEW PLAYERS ONLY):	\$50	\$75	\$90
REGISTRATION FEE:	\$45	\$75	\$100

PLAYER DETAILS

(PLEASE CIRCLE) **EXISTING / NEW**

FIRST NAME:	SURNAME:		
DATE OF BIRTH:	AGE:	GENDER:	
POSTAL ADDRESS:			
EMAIL ADDRESS:			
CONTACT 1:	MOBILE:		
CONTACT 2:	MOBILE:		
ANY SIBLINGS REGISTERED WITH NORTHERN SAINTS:			

MEDICAL DETAILS

DOES YOUR CHILD SUFFER FROM ANY DISORDER WHICH MAY REQUIRE TREATMENT?	YES / NO
PLEASE DETAIL BELOW AND PROVIDE ANY NECESSARY TREATMENT PLAN(S):	

PLAYER HISTORY

HAVE YOU PREVIOUSLY PLAYED WITH ANOTHER CLUB WITHIN THE WCBA OR DVBA?	WCBA / DVBA / NO	
PREVIOUS CLUB(S):	CLEARANCE REQUIRED?	YES / NO
HAVE YOU PLAYED CHAMPIONSHIP BASKETBALL (REP BALL) IN THE PAST 2 YEARS?		YES / NO
GRADE PLAYED (PLEASE CIRCLE):	2015: VC / MET1 / MET2 / MET3 / MET4 / REG	2016: VC / MET1 / MET2 / MET3 / MET4 / REG

PAYMENT OPTIONS

IN PERSON BY CASH/CHEQUE, OR ONLINE BANK TRANSFER (PLEASE ATTACH RECEIPT OF PAYMENT WITH THIS FORM)		
NORTHERN SAINTS BASKETBALL ASSOCIATION INC.	BSB:	193-879
BANK OF MELBOURNE	ACCOUNT:	440282902
	REFERENCE:	'YOUR SURNAME' AW18FEES

PLAYER/PARENT AGREEMENT

I GIVE PERMISSION FOR MY CHILDS PHOTOGRAPH TO BE TAKEN AND PUBLISHED ON OFFICIAL NSBA CORRESPONDENCE.	YES/ NO
I HAVE READ THE PARENTS/PLAYERS MANUAL AND ACCEPT THE GENERAL RULES AND CODE OF CONDUCT OF NSBA.	YES/ NO
I AGREE AND ACCEPT THE DISCIPLINARY STATEMENT AND INDEMNITY STATEMENT OF NSBA.	YES/ NO

PLAYERS SIGNATURE:	PARENT/GUARDIAN SIGNATURE:
DATE:	DATE:

A COPY OF YOUR BIRTH CERTIFICATE/PASSPORT IS REQUIRED UPON REGISTERING

ASSOCIATION NOTES

AGE GROUP:	TEAM(S):	CLEARANCE:
BIRTH CERTIFICATE:	AMOUNT PAID:	RECEIPT No: