

Knox Basketball Inc REGISTRATION CARD



Club or Team Details

Club or Team: _____

Date: _____

Secretary _____

Signature _____

Player Details

Full Name: _____

Last Name

First Name

Middle Name

Address: _____

Suburb: _____

State

Postcode

Home Phone: (____) _____

Mobile Phone: _____

Email Address: _____

Gender: Male / Female

Birth date: ____ / ____ / ____

School: _____

Rep Details: _____

Association

Grade: _____

Examples... Championship / Metro 1 2 / EQ / Regional / VBL

Reason for Joining: _____

Schools program / Friends / Relative / Other

Any Existing Medical Condition: _____

Father's Information (if player under 18 years of age)

Father's

Full Name: _____

Last Name

First Name

Middle Name

Home Phone: (____) _____

Mobile Phone: _____

Email Address: _____

Occupation: _____

Able to provide assistance to the club

Y / N

Mother's Information (if player under 18 years of age)

Mother's

Full Name: _____

Last Name

First Name

Middle Name

Home Phone: (____) _____

Mobile Phone: _____

Email Address: _____

Occupation: _____

Able to provide assistance to the club

Y / N

Signed Agreement

I agree to abide by the rules and regulations of Knox Basketball and Basketball Victoria and will not hold the association responsible for any injury sustained while competing in competition.

Player's or
Parent's
Signature _____

Date: ____ / ____ / ____

Player to sign if 18 or over / Parent/Guardian to sign if the player is under 18