

ST FRANCIS BASKETBALL CLUB

REGISTRATION FORM

PLAYER DETAILS	
NEW PLAYER.....	CURRENT PLAYER.....
SURNAME	
FIRST NAME	
EMAIL	
D.O.B	
GENDER	
HOME PHONE	
MOBILE	
ADDRESS	
PARENTS NAMES	

EMERGENCY CONTACT:.....

PHONE NO:.....

CLUB INDEMNITY

I.....give permission for..... to play basketball with the St Francis Basketball Club and agree that the Club will not be responsible for any injury or loss of property during games, training and activities held by the club. I give permission for.....to receive medical treatment deemed necessary in the event of an accident, injury or illness whilst under the care and direction of the coach or other club officials, until such time I can be contacted. I also agree to pay any costs involved with such treatment.

SIGNATURE.....DATE.....

CURRENT TEAM.....CURRENT COACH.....

CURRENT PLAYING TOP.....

PLEASE TICK THE BOX YOU CAN HELP WITH:

COACHING

TEAM MANAGER:

SCORING: