



Application Form

Basketball Association

NSW Basketball Association Ltd.

ABN: 98 003 359 680 PO Box 198 Sydney Markets NSW 2129

#Given Name: #Family Name: Initial:

#Date of Birth: / / #Sex: Male Female Occupation:

#Postal Address: #Street:

#Suburb/Town: #PC: #State:

Phone Nos: Home: Work: Mobile:

E-mail: Fax:

Registration Number: NSW - Assoc Code: Number: BNSW Number: (Off Regist. Card)

#Registration Paid: / / Registration: Primary Secondary

Please circle all appropriate categories

Mandatory Field - must be filled in.

#Category Player/Referee **Other:** Coach Manager Statistician Table Official Administrator Volunteer
Sports Trainer Wheel Chair Aussie Hoops/Learn to Play Player with Special Needs

Division: Club or School:

Team:

By joining your local Basketball Association you become a registered participant of NSWBAL

Risk Warning:

You should be aware that there are risks of injury associated with playing basketball, as there are with most sports.

Risks will arise in the context of the activities of running, catching, throwing, shooting and guarding opposing players. While we aim to minimise risks, it is not possible to eliminate them all.

CONDITIONS:

I hereby acknowledge that:

as a member of Basketball Association Incorporated and a player registered with NSWBAL I agree to act in accordance with their constitutions and by-laws as applicable;

as a general condition of entry into any basketball venue I am required to abide by any codes of conduct that have been issued, published or displayed; and

when I participate in any event conducted by under the auspices of NSWBAL I will be bound by their tribunal by-laws

I understand that:

1. All players must be registered before they can commence participating, using the appropriate form and paying the appropriate fee
2. It is a participant's responsibility to ensure that their registration is current
3. If I renew my registration after it has expired then I accept that it may be backdated to when my previous registration expired.

PRIVACY STATEMENT.

Basketball Association and NSWBAL collect your personal information to assist in providing products and services you have requested. If you do not provide this information we may not be able to register you. You can gain access to your personal information by contacting Basketball Association on or at and NSWBAL on 9746 2969 or PO Box 198, Sydney Markets 2129

From time to time Basketball Association and NSWBAL circulate information and special offers to members and registered participants. If you do not wish to receive these please tick this box. ☐

Signature: Date signed: / /

If under 18 years of age this form must be signed by parent or guardian.

OFFICE USE ONLY:

Date: / / Amount Received \$ Rec# Signed: