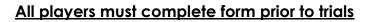
INTENT TO PLAY FORM FOR 2014/2015 BASKETBALL SEASON



Player's details



Player's nar	ne						Playing number				
Date of Birth			Age Group	Unde	er/	Male		Female			
Emergency	y Family Contac	ts	•		New Player (p	lease circle)				<u>'</u>
Parent /Caregiver's full name Mother's details					Previous Experience	Social		School		District	
Contact numbers	Mobile										
	Home				Previous Club						
	Email				Age Group	U/	Division		Ge	nder	Male Female
Home Address					3 2 2 2 1						
Parent/Care					Information re season has c			er com	mencii	ng afte	er
Contact numbers	Mobile				Club contact						
	Home				New Coach						
	Email				Age Group		Gend	der	Male	/	Female
Home Address											
CLUB Info	rmation										
MEDICAL I understake membership	Information to ensure that I as of the club.	es and Coaching Dire and my child are fully	ectors will offer p	position:	s for the West tea	ams in 2014/	hospital b	penefits (during	the pe	riod of
activities. In child needs I hereby aut	the event of any medical or denta horise them to ta	incident during club	or BSA activities	s as a r sider ap	esult of which the propriate.	e club, BSA o	or any of t	heir offi	cer con	sider 1	that I/my
Permission	n for PUBLICAT	ION of Player/ Pare	nt PHOTOGRA	PHS							
Photographs		Basketball Club will, will not include identify hat it utilizes.		•		. , .					
l photographs	s of me / my child	d in the club publicati	ons and on the	club we	give the West Ad bsite, for promoti	elaide Beard on of the clu	ats Baske b and bas	etball Clasketball i	ub perr n gene	nissior ral.	n to use
SIGNATUR	E of Parent/ Gua	ardian's and or Play	yer								
Parent/Gua	rdian's signature	(if player is under 18	8 years)								
Player's sig	nature (fi player i	s 18 years and over))		·····	·····		·····			
	WES	ST ADELAIDE BE	EARCATS BA	ASKET	BALL CLUB I	nc www.in	fo@bearc	ats.net.a	_ u		