

# BASKETBALL NEW SOUTH WALES

## U/14 WARATAH PROGRAM

# Player Registration Form

for players born in either 1996 or 1997



Name: \_\_\_\_\_ Gender: Male / Female (please circle)

Address: \_\_\_\_\_

Pcode: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone (Home): \_\_\_\_\_ (Mobile) \_\_\_\_\_

Association: \_\_\_\_\_ BNSW Rego Number: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* Please print clearly as this will be the primary method of correspondence\*\***

Allergies / Injuries: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone # 2: \_\_\_\_\_

## One Day Country Cluster Camps

Country Venue You Will Attend: *(Please tick the appropriate box)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Tamworth Saturday 7 <sup>th</sup> March<br>(Northern Rivers Region) | <input type="checkbox"/> Coffs Harbour Sunday 8 <sup>th</sup> March<br>(North Coast Region)        | <input type="checkbox"/> Illawarra Saturday 14 <sup>th</sup> March<br>(Illawarra / Highlands Region) |
| <input type="checkbox"/> Shoalhaven Sunday 15 <sup>th</sup> March<br>(Sapphire Coast Region) | <input type="checkbox"/> Bathurst Saturday 21 <sup>st</sup> March<br>(Goldfields / Central Region) | <input type="checkbox"/> Newcastle Saturday 21 <sup>st</sup> March<br>(Hunter / Central Region)      |
| <input type="checkbox"/> Griffith Saturday 21 <sup>st</sup> March<br>(Murrumbidgee Region)   | <input type="checkbox"/> Albury Sunday 22 <sup>nd</sup> March<br>(Riverina / Murray Region)        |  |

**Players to arrive 9.30am for a 10.00am start - camp concludes 3.00pm.**

**Players must bring their basketball and lunch.**

**PARENTAL CONSENT:** I agree to my son/daughter participating in the Waratah Program under the control of the BNSW Representatives and Staff. I understand that basketball is a vigorous competitive sport & that injuries to participants may occur.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

## Form Return Due Date Friday 27th February 2009

Please return this form and payment (GST Inc) to:

POSTAL - Basketball NSW P.O. Box 198 Sydney Markets NSW 2129

FACSIMILE - 02-8765 8588 EMAIL - [claire\\_gilchrist@nswbasketball.net.au](mailto:claire_gilchrist@nswbasketball.net.au)

**Only players born in 1996 will be eligible to progress to their respective T.A.P camp**

TOTAL CAMP PAYMENT ENCLOSED = \$50.00 (GST Inc)

Payment Enclosed By (Tick):  Credit Card  Cheque  Money Order

\* Refunds will be issued at the discretion of Basketball NSW.

Type of Credit Card: | Bankcard / Mastercard / Viscard | (please circle)

Full Name on Card (Print): \_\_\_\_\_

Expiry Date on Card: \_\_\_\_ / \_\_\_\_ Amount of Payment: \$ \_\_\_\_\_

Number on Card: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Cardholder: \_\_\_\_\_



All participants provided with a camp T-Shirt