



NEERIM DISTRICT BASKETBALL CLUB

SUMMER ENROLMENT FORM 2010/11

Neerim District Junior Basketball Club Inc. PO Box 77, Neerim South Vic 3831

Email: neerimwolvesbasketballclub@hotmail.com

Web: www.neerimwolvesbasketball.net

FEES

Fees for this season are \$97.00:
\$29.50 Insurance (this is payable once a year)
\$67.50 Club Fees

Fees and insurance are payable prior to the first game for the season. No pay, No play policy applies

Direct deposit details:

Neerim District Basketball Club

BSB: 633-000

Account: 119248276

Please put player name as reference if making direct deposit.

Player Name:

Date of Birth:

Gender: Male Female

Parents/Guardians Name(s):

Home Phone:

Mobile Phone:

Home Address:

Postal Address: (if different from above)

Email Address (This is the preferred method of contact):

Do you consent to your child's photograph and name being used for Warragul & District Amateur Basketball Association, and Neerim Wolves promotions, newsletters, newspaper articles, and on the respective websites?

Yes No

Are there any medical conditions that your child's coach should be aware of, in case you are not present at training or a game, in the event of an emergency? Yes / No If Yes, please provide details below (This information will be kept in the strictest confidence.)

PARENT'S/GUARDIANS CONSENT

I hereby give permission for my child to participate in training and play basketball for Neerim District Basketball Club Inc. and I will not under any circumstances hold the Club liable for any accident or injury, which may occur. In the event of illness or incident, where it is impracticable to communicate with me, I authorise a representative of the Club, obtaining on my behalf, such medical or other assistance, that my child may require. I also accept responsibility for payment of any expenses that may be incurred as a result of such medical or other assistance.

Note:

IT IS A REQUIREMENT OF THE CLUB THAT ALL FAMILIES ASSIST AT THE GAMES WITH SCORING. A SCORING ROSTER FOR EACH TEAM WILL BE DRAWN UP PRIOR TO THE BEGINNING OF THE SEASON AND DISTRIBUTED TO ALL FAMILIES. IF YOU ARE UNABLE TO DO YOUR SCORING DUTY, THEN IT IS YOUR RESPONSIBILITY TO SWAP WITH ANOTHER FAMILY.

PARENT'S/GUARDIANS SIGNATURE _____

DATE _____

CAN YOU HELP THE CLUB IN ANY WAY?

PLEASE INDICATE IF YOU ARE WILLING TO HELP WITH ANY OF THE FOLLOWING TASKS:

Coaching (Please indicate what age group) _____	YES / NO
Referee (Training is provided)	YES / NO
Committee (President, Secretary, Treasurer, General Member)	YES / NO
Team Manager (please indicate what age group) _____	YES / NO
Canteen	YES / NO
Folder Manager (ensuring that Team Managers folder have the required information in them)	YES / NO