

## Men's Basketball Registration Form

Contact Details	
Team Name:	
Team Captain:	
Phone:	Address:
Email:	
Secondary Contact Person:	
Name:	
Phone:	
Email:	

*Please tick this box if you are an individual wanting to be placed into a team:*

Players – Team Details (minimum age 14 years)				
Name	Phone Number	Email	Gender	Umpire Y/N

**\* All teams require an umpire and scorer for the season to run.**

In signing this form, I, on behalf of all team members, have the authority to declare that

(Team name) \_\_\_\_\_ understands that:

- We have read and shared the **INFORMATION, TERMS AND CONDITIONS** with all team members.
- Have read and shared the **RULES AND REGULATIONS** attached with all team members.
- Are aware that personal injuries may arise directly or indirectly from sport and participation is at own risk.
- Take full responsibility of personal property and = Newman Recreation Centre hold no responsibility for any lost or stolen items.
- Understand that photographs of team members may be taken and used by the Newman Recreation Centre for promotional purposes.
- Understand and accept the rules of competition and any consequences that may be incurred for failure to comply with these rules.
- Understand the minimum age is 14 years
- Will wear comfortable loose clothing, enclosed shoes must be worn.
- Will respect players, umpires and coordinators. Unacceptable behaviour will not be tolerated and may result in player suspension.
- Understand and will pay all fees and penalties.

**Fees and charges**

- *Nomination Fee - \$60 (Covers first game)*
- *Game Fee - \$60 per game per team.*
- *Forfeit Fee - \$60 per game forfeit.*  
*(To be paid at reception before the commencement of each game)*

I am aware that whilst every care will be taken, I agree that the Shire of East Pilbara staff is free of all responsibility for any lost property or personal injury in connection with my participation. To the best of my knowledge and ability, the information I have provided in this form is true and correct.

**Conditions of Enrolment**

I have read and agreed to all policies and procedures outlined in  
"Newman Recreation Centre Policies and Procedures"

Signature:

Date:

**Office Use Only**

<b>Amount Paid:</b>	<b>Date:</b>	<b>Received By:</b>
<b>Payment Method:</b> Eftpos: <input type="checkbox"/> Cash: <input type="checkbox"/>	<b>Comments:</b>	