



Heathmont Hornets Basketball Club Inc.

P.O. Box 507, Heathmont VIC 3135

REGISTRATION FORM

Player Details:

Player Name: Date of Birth: Singlet No:

Player Name: Date of Birth: Singlet No:

Player Name: Date of Birth: Singlet No:

Parent Details:

Father's Name: Ph / Mob:

Mother's Name: Ph / Mob:

Family Phone:

Postal Address: Post Code:

Parental Medical Consent

If your child has a known medical condition, then it is your responsibility as the parent/guardian to be in attendance at all training and games to ensure the correct medication or treatment is administered to your child.

I being the parent/guardian of the above player(s), acknowledge that whilst my attendance is expected at all times, my child will be supervised during training and at games. However, if necessary, in the event that I cannot be contacted, I authorise the person in charge to seek whatever medical treatment is deemed necessary at the time and that I will be responsible for all associated costs.

Signed: Date:

Payment:

| | | |
|----------------------|--------------------|--|
| Registration: | First Child: \$70 | Uniform: Singlet & Shorts: \$75 |
| | Second Child: \$55 | Singlet Only \$45 |
| | Third Child: \$40 | Shorts Only \$45 |

Pay By:  VISA  MASTERCARD  CHQ  CASH

Card Name: (Please print)

Card Number: Expiry Date of Card: ___ / ___ Amount: \$

Signature:

This registration & payment may be returned:

- In person on registration day, or
- Mailing to the Post Office Box 507, Heathmont, VIC 3135, or
- The letter box at the Maroondah Indoor Sports Centre marked 'Heathmont Hornets'

Office Use Only

Amount Received: \$..... Method: Receipt No. By:..... Date:..... Database: