



Application Form

Hornsby Ku-ring-gai Basketball Association

ABN: 32 324 278 673
 NSW Basketball Association Ltd.
 ABN: 98 003 359 680

Given Name: Family Name: Initial:

Date of Birth: ___ / ___ / ___ Sex: Male Female Occupation:

Address

#Suburb/Town: #PC: #State:

Phone Nos: Home: Work: Mobile:

E-mail: Fax:

Registration: Primary OR Affiliation (If affiliation, answer question below)

Who is your primary Association?

Please circle all appropriate categories

Category Player/Referee **Other:** Coach Manager Statistician Table Official Administrator Volunteer
 Sports Trainer Wheel Chair Aussie Hoops/Learn to Play Player with Special Needs

Competition Day of Week

Team: School

By joining your local Basketball Association you become a registered participant of NSW BASKETBALL

Risk Warning:

You should be aware that there are risks of injury associated with playing basketball, as there are with most sports. Risks will arise in the context of the activities of running, catching, throwing, shooting and guarding opposing players. While we aim to minimise risks, it is not possible to eliminate them all.

CONDITIONS:

I hereby acknowledge that:

as a member of Hornsby Ku-ring-gai Basketball Association Incorporated and a player registered with NSWBAL I agree to act in accordance with their constitutions and by-laws as applicable;

as a general condition of entry into any basketball venue I am required to abide by any codes of conduct that have been issued, published or displayed; and

when I participate in any event conducted by under the auspices of NSWBAL I will be bound by their tribunal by-laws

I understand that:

1. All players must be registered before they can commence participating, using the appropriate form and paying the appropriate fee
2. It is a participant's responsibility to ensure that their registration is current
3. If I renew my registration after it has expired then I accept that it may be backdated to when my previous registration expired.

PRIVACY STATEMENT.

Hornsby Ku-ring-gai Basketball and NSWBAL collect your personal information to assist in providing products and services you have requested. If you do not provide this information we may not be able to register you. You can gain access to your personal information by contacting Hornsby Ku-ring-gai Basketball Association on 9980 6255, addressing Mail to **HKBA, P.O. Box 397, Hornsby, NSW 2077**, or by visiting our Office at 1A Dartford Road, Thornleigh
 From time to time Hornsby Ku-ring-gai Basketball Association and NSWBAL circulate information and special offers to members and registered participants. If you do not wish to receive these please tick this box.

Signature: _____ **Date signed:** ___ / ___ / ___

If under 18 years of age this form must be signed by parent or guardian.

OFFICE USE ONLY:

Date: ___ / ___ / ___	Amount Received \$	Rec#	Signed:
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Cost of Registration: Seniors (\$100); High School (\$85) Primary School (\$65) Affiliations: Sr: \$55(\$45 with card) H.S. 33, PS 22

Please charge my credit card (Visa, Mastercard, Bankcard only) with the amount of \$:

Expiry Date: Card Number:

Cardholders Name:

Cardholders Signature: