Players to be enrolled into the School

Please fill in below & pay your registration Fees ASAP. A Receipt will be issued as proof of payment.

PRINT DETAILS **Note:** Is there any medical condition or allergies that our coaches should know about? Please let your coach know so in an emergency we know what action should be taken.

Preference for Day (please circle) **Tues** **Wed** **Thur** **Fri**

Family Name	
Given Name	
Address	
	Date of Birth
Post Code	**Telephone Number**
Mobile Number	
e-mail address	
Mothers Name	**Fathers Name**

I give permission for my son / daughter to attend the Basketball Academy. I understand that the school organizers will make every effort to ensure the safety of my child. I will not hold them responsible for any injuries that occur during the running of the school. I authorize any photographic images or video footage taken at the school used for promotional purposes only.

Players & parents agree to the above conditions stated by signing:- Player_____ Parent._____.

Payment enclosed: $ _____ Make Cheques payable to Melbourne Tigers Basketball.

Payments to be made to: Melbourne Tigers Basketball 133 Arnold St Princes Hill 3054