



ALL INFORMATION IS KEPT & MAINTAINED IN CONFIDENCE

PLAYER DETAILS			
Surname			
Given Name(s)			
Date of Birth		Age	
School		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Suburb		Postcode	
PARENT/GUARDIAN CONTACT DETAILS			
Relationship		Title	
Surname			
Given Name(s)			
Phone		Mobile	
Email			
ATTENDANCE			
Relationship		Parent / Guardian Name	
Image Permission	Do you give permission for your son/daughter's digital or printed image to appear in material promoting Kalamunda & Districts Basketball Association or Kalamunda Eastern Suns? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Registration Permission	Do you give permission for your son/daughter's details to be entered into Kalamunda & Districts Basketball Association's registration platform for Hills Hoops, SportsTG, on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Signature			
Date			
Medical conditions or food allergies			
PAYMENT DETAILS (OFFICE USE ONLY)			
Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Amount Paid	\$	Receipt #	
Type of Payment	Cash / Chq / Credit / EFT	Received By	

