



2008 REGISTRATION FORM

Manly Warringah Basketball Association
P.O Box 396, Narrabeen 2101



Seniors \$93 Juniors \$78 Miniballers \$58

Given Name: Family Name:

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

Postal Address: Street:

Suburb/Town: PC: #State: NSW

Phone Nos: Home: Work: Mobile:

E-mail: Fax:

Registration Number: NSW - Assoc Code: _____ Number: _____ BNSW Number: _____ (Off Regist. Card)

#Registration Paid: ___/___/___ Registration: Primary Secondary Proof Required

Please circle all appropriate categories # Mandatory Field - must be filled in.
#Category Player/Referee Other: Coach Manager Statistician Table Official Administrator Volunteer
 Sports Trainer Wheel Chair Aussie Hoops/Learn to Play Player with Special Needs

Team:

Registration Required to participate in Basketball in NSW. Covers Insurance under Basketball NSW & Contribution to Basketball Australia

CONDITIONS:

I hereby acknowledge that:

As a member of Manly Warringah Basketball Association and a player registered with BNSW I and any spectators I allow to be courtside agree to act in accordance with the constitutions, by-laws and codes of conduct of both Associations and understand that any infraction of these codes will be addressed under the BNSW Judiciary tribunal or by the MWBA Administrative Tribunal.

All players must be registered before they can commence participating, using the appropriate form and paying the appropriate fee; that it is my responsibility to ensure that my registration is current and that if and when I renew my registration after it has expired the renewal may be backdated to the previous expiration date.

PRIVACY STATEMENT.

Manly Warringah Basketball Association and NSWBAL collect your personal information to assist in providing products and services in the interest of basketball in NSW. MWBA reserves the right to photograph and video all games for training and public relations purposes. If you do not provide information or want to be photographed, we may not be able to register you. You can access your personal information by contacting NSWBAL on 9746 2969 or PO Box 198 Sydney Markets 2129.

Signature: _____ Date signed: ___/___/___

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

RECEIPT Received From _____

Date: ___/___/___ Amount Received \$ _____

Cash, Credit Cd, Cheque

Signed: _____
MANLY WARRINGAH BASKETBALL ASSOCIATION



PHOTOCOPY THIS FORM

KEEP YOUR RECEIPT