



PLAYER DISCLAIMER FORM FOR REPRESENTATIVE TEAM 2017

Please complete and return to the MDBA Office or email communications@morningtonbasketball.com.au.
No player is eligible to play until all forms are completed and proof of age provided. All players must submit a form each year.

Player name: _____ Male/Female: _____

Players Date of Birth _____ **Copy of Birth Certificate must be provided (new Breakers only)**

Address: _____

Suburb: _____ Post Code: _____

Have you ever been registered with any other MUVJBL Representative Club? Yes / No

If 'Yes' name of club: _____

Do you have a clearance? Yes / No

I hereby agree to:

- Attend all compulsory training sessions and matches.
- Follow all reasonable instructions at training and games.
- Wear the Mornington Breakers team uniform as required and ensure that is well maintained and regularly cleaned.
- I will read and abide by the Mornington Basketball Handbook.
- I will abide by Basketball Victoria's Code of Conduct

Player Sign: _____ Date: _____

Parent 1 Name: _____

Parent 2 Name: _____

Home Ph: _____ Work Ph: _____

Mobile 1 Ph: _____ Mobile 2 Ph: _____

Email 1: _____

Email 2: _____

- I give permission for my child to participate in Mornington Breakers Representative Program.
- I authorise officials, coaches, and team managers to obtain for my child any necessary medical treatment by appropriate medical practitioners in the event of injury in my absence and where it is impracticable to communicate with me.
- I give permission for my child's name and any photos taken of my child to be used for any promotional material by the Mornington District Basketball Association.
- I have read and understand the Mornington Basketball's Player Handbook.
- I will abide by Basketball Victoria's Code of Conduct and ensure that my child read's and understands the Code of Conduct.

Parent/Guardian Sign: _____ Date: _____

Player Details

Player Surname: Player First Name:
Players Date of Birth:
Address:
Suburb: Post Code:
Phone: Mobile Ph:

Emergency Contact Details

Contact 1

Surname: First Name:
Phone: Mobile Ph:

Contact 2

Surname: First name:
Phone: Mobile Ph:

Does your child suffer from any of the following?

Asthma Y/N Epilepsy Y/N Diabetes Y/N Allergies Y/N

Other (please state):

Does your child use regular medication? (ie Ventolin for Asthma) Y/N

Details:

If you selected Yes to either Asthma or Allergies you must submit an Asthma or Allergy Management Plan. Players will not be permitted to play until this information has been provided.

Consent to Medical Treatment

I authorise officials, coaches, and team managers to obtain for my child any necessary medical treatment by appropriate medical practitioners in the event of injury in my absence and where it is impracticable to communicate with me. Should it be necessary to call an ambulance for my child, I accept full responsibility for any cost incurred

Signature of Parent/Guardian: Date: