****

**Player Re-Registration Form**

Please confirm if your child is returning in 2015 YES NO (please circle)

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents telephone number:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please supply a valid email address as all our correspondence is done via Email……..**

In which team did your child play last season example; Flames 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need new uniform? Yes/No Top Size\_\_\_\_\_\_\_\_\_\_\_\_ Bottom Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Basketball Association would your child like to play?

Whittlesea / Diamond Valley 1st preference, 2nd preference

**Fee Structure**

The fee structure of the club **are Whittlesea $165.00 per season** (6 months)

**Diamond Valley $215.00 per season** (6months) payable into the club account

**The sibling discount has been removed from the start of 2015.**

Marymede Basketball Club Inc. BSB: 033 140

Account: 102 472

Reference: ‘*surname and child’s first initial’ or ‘child’s date of birth’*

**A $50 non-refundable fee is required upon re-registration to confirm your child’s place for next season, which is deducted from your fees once the whole amount is received.**

**Please sign below**

I/We consent, unless I/We otherwise advise in writing to Marymede Basketball Club, to use my child’s details including Name and also images, before, during and after the season for promotional, broadcasting and reporting purposes in any media. (Please note that this is only whilst your child is registered and/or playing for Marymede Basketball Club)

 I/Weagree to the above fee structure of the Marymede Basketball Club and agree to pay all monies by the due date. I also agree that if monies due are not paid as requested and continue to remain outstanding, that my child/children will not be allowed to continue to play until such times as all monies have been paid in full.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Are you interested in coaching? Your child’s team only A team other than your child’s team

\* Would you like to be a team manager? Please circle one. Yes. No.

**CLUB USE ONLY: Amount paid $ Date paid: Club Signature**: