

# ATHLETA BASKETBALL CLUB

## SENIOR PLAYERS CLUB REGISTRATION FORM 2011/2012

Surname _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Name _____	
Date of Birth _____	
Nationality _____	
School/Work _____	
ID Number _____ Mobile Number _____	
Address _____	
Postcode _____	

Father's Name		I.D. Number	
Home Telephone		Mobile Number	
Occupation			
Mother's Name		I.D. Number	
Home Telephone		Mobile Number	
Occupation			
Email address			

**NOTE : All correspondence will be sent on the above email**

**Declaration:**

Recognizing the possibility of physical injury associated with basketball, I hereby release, discharge and/or otherwise indemnify Athleta Basketball Club, the Club's officials and coaches against any claim by or on behalf of the registrant as a result of the registrant's participation with the Club. The Committee is authorized to use any Club photographs/videos with names on the Club's website or Facebook pages or for publicity.

Name \_\_\_\_\_

Signature \_\_\_\_\_

I.D. No \_\_\_\_\_

Date \_\_\_\_\_