

Christian College Eagles Basketball Club
Summer 2012'13 – Geelong Associations Junior Player Application Form.
(Junior's include U20's and below)

- Please note the Club is implementing a new administration process; failure to complete & lodge a registration form by the due date may lead to a player missing out on the opportunity to play

The attached application form **MUST** be completed for a player to be placed in a team for the Summer Season. **This form must be received from all prospective players by Friday 17th August**

Players who do not attend Christian College must include payment with their application form.

Costs

The following charges apply to Junior Players.

Junior Club Levy: \$115 Season singlet Hire: \$10 Initial new player Singlet Deposit: \$50

Uniforms

Uniform enquires (new or replacement) should be directed to Annette Kennedy
anndean3@bigpond.net.au

Contacts:

Club email: cceagles@ccg.vic.edu.au

Head Coach: Jamie O'Loughlinph 0409018698

President: Andrew Dunlop 040923412

Club Postal Address: CC Eagles Basketball Club. 18 Burdekin Road Highton. Vic 3216

Club Administration: Kerry Miller k.miller@ccg.vic.edu.au

Team Manager Co-ordinator: Flora Murdoch0418524540murdochfamily45@bigpond.com

Registration forms can be returned to:

- CC Eagles Basketball Club P.O Box 146 Belmont Vic 3216
- Basketball Club Internal 'Mailbox' at any Christian College Campus.
- Current Winter 2012 players can include their form as part of a 'team set' to their Team Manager.
- Volunteer Coaches and Team Managers are welcome.

CC EAGLES BASKETBALL CLUB – Junior Player form – Summer 2012’13(GEELONG JUNIOR ASSOCIATIONS)

Return by Friday 17th August – Players who do not attend Christian College must include payment.

Player Name:	Player Date of Birth:
Player attends Christian College: Yes <input checked="" type="checkbox"/> – Homeroom:	If No <input checked="" type="checkbox"/> then complete *Payment section.
Parent Contact details for Team Manager Parent Name:	
Home Phone:	Mobile Phone:
Parent Email – All players to complete (print clearly):	
Postal Address:	
Representative Basketball: Yes <input checked="" type="checkbox"/>	Association: Team:
Current Singlet size	Current Singlet Number

Ensure you have completed the email section above and provide a contact telephone, preferably mobile, as this is how the Team Manager Volunteer will contact you to organise Individual Team Management including Fixture/Playing Venue Information.

***Payment:CC Eagles Basketball Fees: Non CCG Students only are required to complete payment in advance.**

Complete credit card details or make cheque payable to Christian College Geelong.

Payment must be received prior to season commencing. Singlet issue is made only after receipt of payment.

Player Name:.....	Circle Payment Method: VISA MASTERCARD or CHQ
CardHolder Name:.....	Total Amount:.....
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Card Expiry Date:..... Card
Holder Signature:.....	Security - Card 3 digit CCV #:.....
Singlet Deposit: \$50 <input type="checkbox"/>	Singlet Hire: \$10 <input type="checkbox"/>
Office Use : H7128	Playing levy: \$115 <input type="checkbox"/>
H178031	H178030

Parent Permission:

As parent/guardian I understand and acknowledge that all sports and physical activities including the game of Basketball, do involve some degree of risk and that physical injury or death is a possibility when participating. I understand and accept the risks associated with Basketball and give permission for:

- My child to participate fully in any activity the coach/teacher asks of him/her.
- The coach or a staff member from Christian College to administer first aid, as they deem necessary.
- The use of an ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary.

I understand that any medical or other costs incurred will be met by me. I understand that my child may be photographed or videoed during games or training. I give my authorization that these photos/video may be used as Coaching resources, in promotional material & the CCG school magazine.

Parent’s signature: _____ Date: _____

Team Selection Information for Jamie O’Loughlin:

Include any other information e.g.wishes to play in more than 1 team or cannot play on a certain night, car pool with 1 family – name them.

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