



Parkdale Pacers Basketball Club Inc. Dribblers Registration Form

Family Name First Name

Date Of Birth / /

Address

Telephone

Email

I nominate to be a member of the Parkdale Pacers Basketball Club Inc./ Dribbler program and I agree to abide by the relevant Codes of Conduct as contained on the clubs website.

Parents/Guardians 1.	<input type="text"/>	2.	<input type="text"/>
Mobile 1.	<input type="text"/>	2.	<input type="text"/>
Email 1.	<input type="text"/>	2.	<input type="text"/>

Please provide details of any allergies /food allergies and if treatment with an EpiPen is required

PARENT/GUARDIAN DECLARATION

I hereby consent to the person mentioned above to be a member of the Parkdale Pacers Basketball Club Inc. and agree to abide by the Parents Code of Conduct.

When I am unable to be contacted or it is otherwise or it is otherwise impractical for me to be contacted, I consent to the player named above receiving:

- . Medical or surgical assistance as recommended by a medical practitioner in the event of any illness or accident:
- . Such first aid as reasonable necessary in the event of any illness or accident

I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

Print Full Name

Date

Signature:

(Parent / Guardian)

Please tick the box if you do not consent to having your photo used by Parkdale Pacers for promotional purposes, e.g. newsletters, website, training videos, social media.