

## Midnight Basketball Player Registration Form

Please email the completed form to Tyla Harrison-Hunt: [tyla@crossovercoachnz.com](mailto:tyla@crossovercoachnz.com)

### Player Details:

FIRST NAME: ..... LAST NAME: ..... GIRL / BOY

ADDRESS: ..... DATE OF BIRTH: ..... (DD/MM/YYYY)

SUBURB: ..... POSTAL CODE: .....

SCHOOL: ..... CLASS LEVEL: .....

Family contact email address: .....

#### First emergency contact person:

Name: .....

Relationship to player: .....

Cell phone number: .....

Second phone number: .....

#### Second emergency contact person:

Name: .....

Relationship to player: .....

Cell phone number: .....

Second phone number: .....

### Information to assist Midnight Basketball from the Caregiver

Please circle any health challenges the player may have: **Injuries** **Allergies** **Medication**

Details:

Are there any behavioural challenges / recent events / cultural needs / that Midnight Basketball needs to be aware of?

.....

I accept that, although Midnight basketball will endeavour to exercise all due care, neither they nor its Agents, will be liable for any injury sustained by my child while in the care of the Trust or its Agents nor any loss of or damage suffered to any property in my child's possession.

In the case of an emergency I authorise Midnight Basketball to obtain medical attention.

#### INFORMATION PRIVACY

Your information is obtained for the purpose of providing for your child whilst in the care of Midnight Basketball or its authorised Agents and **will** remain confidential to Midnight basketball and its authorised agents. I give permission for images of my child involved in Midnight basketball to be used for marketing and or social media posts

☐ I do not give permission for images of my child to be use (tick if applicable)

Signed..... Parent/Guardian Date.....

**Applications Close Friday 22<sup>nd</sup> March (First Day of MBB)**