

# Doncaster All Abilities Basketball Inc. Registration Form

## Spring Season 2018 (term 3,4)

### Player Enrolment Details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Previous Team: \_\_\_\_\_ Role: \_\_\_\_\_ Player / Mentor

### Medical Details:

Does the player have a disability? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_  
Does the player have any allergies? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_  
Has player had a recent illness or injury? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_  
Does the player take/require any medication? Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_

### Emergency Contact Details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Relationship to player: \_\_\_\_\_

I, the undersigned, agree to the Terms & Conditions of the Doncaster All Abilities Basketball and Manningham YMCA as stated over page.

Parent/Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Player Name if over 18: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Method:

Cost per Season: All Players: **\$50.00**  
Date: \_\_\_\_\_ LINKS customer #: \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_ ☐ Cash ☐ Debit ☐ VISA ☐ MasterCard  
Comments: \_\_\_\_\_

**Fees must be paid before participants can play.**  
**Enrolments are to be returned by the last game of the current season.**

Please return to Manningham YMCA at Mullum Mullum Stadium 1-41 Springvale Road, Donvale.

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### Manningham YMCA/DAAB Terms & Conditions

- I understand that the YMCA and/or DAAB Inc., its staff and volunteers will take all reasonable care of the participant and I will not hold them responsible for any damage and/or loss of property and/or accident.
- I hereby waive and release Manningham YMCA and/or DAAB Inc. from any and all liability for any injury or illness incurred whilst at the MYMCA program/s.
- In case of an accident or injury I give my consent for any necessary medical treatment and agree to meet any expense incurred.
- I authorise the staff of Manningham YMCA and/or DAAB Inc. to act for me according to their best judgment in any emergency requiring medical attention if required.
- I have disclosed any physical impairment that would be affected by the participant in the program.
- Manningham YMCA and/or DAAB Inc. staff will not be responsible to supervise my child/children at conclusion of individual session.
- I agree that I have decided (with or without medical advice) that the above mentioned is physically, socially and mentally able to participate.
- I agree to the payment of fees as set out above and agree that the standard of conduct specified by Basketball Victoria will be observed by my child, myself and any other accompanying spectator(s)

### Payment and Cancellation

- Full payment must be received at time of enrolment unless approved by MYMCA Stadiums Management.
- This enrolment is only valid for the program(s)/season specified.
- If a participant does not attend the specified program/s the purchase will be forfeited and is not transferable into future programs at MYMCA stadiums.
- Refunds will only be issued with a medical certificate prior to the conclusion of the program and will incur a 10% administration fee.
- Program/s or part thereof may be cancelled by MYMCA Stadiums Management due to certain circumstances. Should this be the case, an appropriate refund will be provided to the customer.

**Safeguarding Children & Young People** Manningham YMCA has a range of policies and procedures to keep children and young people safe. These policies are available at: [www.manningham.ymca.org.au](http://www.manningham.ymca.org.au). Manningham YMCA staff are required to report any disclosures or concerns about the safety of wellbeing of a child or young person. We encourage parents/guardians to report any concerns relating to the safety or wellbeing of their child(ren) or young person in a Manningham YMCA facility. This can be done: a) by speaking to our staff in person or by telephone (8841-4555) OR b) by contacting the Manningham YMCA Child Protection Officer (9848 0000). Email: [manningham@ymca.org.au](mailto:manningham@ymca.org.au), Mail: Manningham YMCA Child Protection Officer, 139-153 Williamsons Road, Doncaster, 3108.

**Privacy Statement:** Manningham YMCA (MYMCA) acknowledges and respects the privacy of individuals. The information being collected on this form is for the purpose of processing your program enrolment. The intended recipients of this information are the MYMCA, DAAB Inc. its authorised staff and contracted service providers. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act 1988 (Amended 2013) and the MYMCA Privacy Policy. Where lawful and practicable, MYMCA will allow customers to remain anonymous or to use a pseudonym. Commonwealth identifiers that have been provided to MYMCA (e.g. Medicare number) will only be disclosed to agencies as required by law. To view the MYMCA Privacy Policy, please visit [www.manningham.ymca.org.au](http://www.manningham.ymca.org.au) or contact us on 8841 4555.

As part of enrolment in a MYMCA program, you will receive information from time to time regarding programs and services. MYMCA may also provide promotional material from our strategic partners, or any other third party. If you do not wish to receive this information please tick the 'OPT OUT' box below. Your name will be removed from the contact list within a reasonable period of time. ☐ OPT OUT

I give consent for photographs to be taken of the participant which may be used for promotional purposes by Manningham YMCA and/or DAAB inc. ☐ OPT OUT