

Moorundi 3 on 3 Basketball

Date:

PARTICIPANT REGISTRATION

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Age: _____ Gender: _____

Are You Aboriginal or Torres Strait Islander?: _____

Are you currently a registered Moorundi Client? _____

Singlet size: _____ What Clinic are you attending? Meningie/Murray Bridge

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: _____ Address: _____

Contact number: _____ Relationship: _____

Please make a note of any physical, medical or intellectual impairment that may affect your participation in the program. (e.g. asthma, recent sprains/breaks, long term injuries etc.)

I have permission from a parent or guardian to attend this after school program YES / NO

As a parent or guardian I would like to be involved in the trainings and/or attend the event on the day Name of Parent _____ YES / NO

PROGRAM WAIVER:

In signing this registration form I hereby declare that I am participating in this program entirely at my own risk. I acknowledge that all persons directly or indirectly involved in organising this program are not liable for any loss or damage suffered by me or others relating to my participation in the program (whether as a result of negligence or otherwise). I agree to indemnify the sponsors, the organisers, and all officials against any and all claims arising from my participation in the Moorundi 3 on 3 Basketball Clinic. I agree to abide by the rules laid down by the organisers and Moorundi staff.

Participants Signature (over 18): _____ Date: _____

If you are under 18 years of age:

Guardian's Name (print): _____

Guardian's Signature: _____ Date: _____