

ACKNOWLEDGMENT OF ADVICE AND CONFIRMATION OF RISK

I , ______(name) hereby acknowledge that I have been advised and informed of the inherent risks of playing sport within the Cumberland (Auburn) Basketball Centre.

- 1. That playing sport involves certain inherent risks of injury, sickness and other injuries and that such injuries may result in death or serious disablement.
- 2. That injuries of the type referred to in (1) above, may require treatment in a hospital.
- 3. That basketball and other sport played in the Centre is a physically demanding activity and in susceptible individuals, may cause heart attack, injuries to limbs, panic or hyperventilation or other health problems.
- 4. That basketball and other sport played in the Centre involves the use of equipment and activity that under extreme circumstances may cause injury, giving rise to risk of death or disablement.
- 5. That basketball and other sport played in the Centre necessarily involves exposure to the health risks including but without limiting the generality thereof, increased heart rate through excitement or physical exertion, tripping, falling, collision between players, Such exposure brings with it attendant risk of death or disablement.
- That being a smoker or taking other drugs while actively involved in playing sport may cause illness or injury that such illness or injury may result in death or serious disablement.
- 7. That I undertake to ensure my Primary Registration is current with PBA at all times.
- 8. That it is my responsibility to maintain a current player Registration with Parramatta Basketball association and that failure to do so will result in my playing at my own risk.
- 9. That Bullying and harassment will not be tolerated. (Bullying and harassment can take many forms, including jokes, teasing, nicknames, emails, pictures, text messages, social isolation or ignoring people, or unfair work practices.)
- 10. That Basketball and other sports played at the Basketball Centre have an increased risk of injury by playing in mixed gender competitions. If a male or female choose to take the court against the opposite sex, then they have proceeded knowing the risks. Mixed gender competitions will have a reduced Participant to Participant Liability exposure.
- 11. That I play in the Cumberland (Auburn) Basketball Centre at my own risk and that I am fully aware of the possibility of being exposed to COVID-19 or other viruses of a virulent strain and I hold PBA and CBC harmless.

I further acknowledge that having been advised of the risks associated with basketball or other sporting activities, I hereby release and hold harmless PARRAMATTA BASKETBALL ASSOCIATION INC., CUMBERLAND (AUBURN) BASKETBALL CENTRE, its Board of Directors and staff from any suit, demand or claim arising as a consequence of death or injury received by me during my said sporting activity within the Centre or at any site where I am representing the Association.

I further acknowledge that this document may be relied upon in any proceedings instituted in any Court by me or my heirs, executors and assigns.

NAME:
ADDRESS:
PHONE NUMBERS:- HOME:MOBILE:
EMAIL ADDRESS:
WARNING: If you participate in these activities your rights to sue the supplier under the Fair Trading Act 1999 if you a killed or injured because the activities were not supplied with due care and skill or were not reasonably fit for their purpose, are excluded, restricted or modified in the way set out in or on this notice.
NOTE: The change to your rights, as set out in or on this notice, does not apply if your death or injury is due to gross negligence on the supplier's part. "Gross negligence" is defined in the Fair Trading (Recreational Services) Regulations 2004
SIGNATURE:
DATE:

PLAYER REGISTRATION FORM



PARRAMATTA BASKETBALL ASSOCIATION INC.

ABN 91 964 208 509

Cumberland (Auburn) Basketball Centre, Wyatt Park (entrance Church St West)
Lidcombe NSW 2141
PO Box 415, Lidcombe NSW 1825

Phone (02) 9646 3840

E-mail info@parramattawildcats.basketball Web parramattawildcats.basketball

# Denotes = Compulsory Essential Data - Al	l information <i>must</i> be provided	
PLEASE USE <u>BLOCK LETTERS</u> AND ANSWER <u>ALL</u> QUESTIONS		
# Family Name	-	
Cogond No.	v to 1 and the transfer Manufacture	
# Given Name Second Name	me Initial # Registration Number Code:	
# Registration	Code: Number:	
# Registration # Registration Expires Paid	Number:	
# Postal Address		
T Committee Co		
# Suburb/Town/City	# Post Code # State	
Phone Numbers Mobile ()	
Home () Work ()	
Fax () E-mail:		
# Date of Birth Occupation	# Sex (please circle)	
	Male Female	
# <u>Category</u>		
Drimary		
Registration Y		
(Circle only <i>one</i> of these categories)	(Circle either or both category)	
Player/Referee Senior / Junior / Mini (Circle each additional category which si	Player Referee	
(Circle each additional category which si Other Involvement: Coach (C) Other/Social Affiliate	Ignifies your involvement) Sports Trainer (ST) Table Official (TO)	
(0)	Sports Trainer (S1) Table Official (10)	
Manager (M) Administrator (A)	Statistician (STAT) Volunteer (VOL)	
Association	Club Name (or School)	
PARRAMATTA BASKETBALL ASSOCIATION INC	0 -1-	
Team	Grade	
Conditions		
"I hereby acknowledge that if I participate in any competition conducted unde I will be bound by Competition and Tribunal By-Laws as adopted and varied f		
I have been afforded the opportunity to inspect said By-Laws posted on the n		
signing this application form. I agree that I will maintain a current primary re		
times when participating in Basketball with PBA."		
Signature	Date Signed	
999999 What's HOT at Parramat	ta Wildcats? 999999	
9 Would you like to be included on an external Mail I		
Check out the web: https://parramattawildcats.basketball E		
Association Use Only		
•		
	Receipt Number Signed	
\$		
Player Identification		
Photo ID sighted (date) ID type ID/card #	ID expiry	
		