



ACKNOWLEDGMENT OF ADVICE AND CONFIRMATION OF RISK

I, _____(name) hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of playing the sport of basketball.

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.
6. 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 if I am affiliated with PBA I will ensure that my Primary Registration is current with another recognised PBA member.
8. That it is my responsibility to maintain a current Primary Registration with Parramatta Basketball Association and that failure to do so will result in my playing at my own risk.

I further acknowledge that having been advised of the risks associated with basketball or sporting activities, hereby release and hold harmless PARRAMATTA BASKETBALL ASSOCIATION INC., AUBURN BASKETBALL CENTRE, UBL or any associated basketball competitions or leagues, 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 are 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: _____



PERSONAL REGISTRATION FORM

ULTIMATE BASKETBALL LEAGUE

ABN 19 165 753 855

Auburn Basketball Centre, Wyatt Park (entrance Church St West) Lidcombe NSW 2141

PO Box 415, Lidcombe NSW 1825

Ph (02) 9646 3840, 9646 5343

E-mail info@ultimatebasketball.com.au Web www.ultimatebasketball.com.au

Denotes = Compulsory Essential Data - All information must be provided

PLEASE USE BLOCK LETTERS AND ANSWER ALL QUESTIONS

Family Name

Given Name

Second Name Initial

Registration Number

Code:

Number:

Registration Paid

Postal Address

Suburb/Town/City

Post Code

State

Phone Numbers

Home ()

Mobile ()

Have you liked our facebook page?

E-mail :

Date of Birth

Occupation/School

Sex (please circle)

Male

Female

Category

Player / Referee (Please circle)

(Circle each additional category which signifies your involvement)

Other Involvement: Coach (C) Other/Social Affiliate (O) Sports Trainer (ST) Table Official (TO)
Manager (M) Administrator (A) Statistician (STAT) Volunteer (VOL)

Team

Grade

Conditions

"I hereby acknowledge that if I participate in any competition conducted under the auspices of the Parramatta Basketball Association Inc., I will be bound by Tribunal By-Laws as adopted and varied from time to time by the PBA Inc. I further acknowledge that I have been afforded the opportunity to inspect said By-Laws posted on the notice board of Auburn Basketball Centre at the time of signing this application form. I agree that I will maintain a current primary registration with Parramatta Basketball Association Inc at all times when participating in Basketball with PBA in the UBL League."

Signature

Date Signed

OFFICE USE ONLY

Date Received

Amount Received

Receipt Number

Signed

Player Identification

Photo ID sighted (date)

ID type

ID/card #

ID expiry