EASTERN MAVERICKS DISTRICT BASKETBALL CLUB INC.
ABN: 77 564 054 746 P.O. Box 1461, Mount Barker SA 5251

Player Registration

Mini Mavs

First Name: _____ Last Name: _____ Gender: F / M

Address: _____ Postcode:_____

Postal Address: _____ Postcode:_____

Phone: Home: _____ Mobile :_____

Parent /Guardian Name:_____ Parent/Guardian Mobile_____

Email Address:_____

Player Date of Birth: ____/___/___

Local Club (if playing): _____School_____

Medicare No: _____ Ambulance Cover: YES / NO (please circle)

Permission granted for photographs of your child to be used in local media/social media (facebook) for the purposes of publicising Mini Mavs.
(Please circle) Yes No

Parent/Guardian Signature: _____ Date: ____/___/_____