



CAIRNS BASKETBALL INC.
2010 Spring Aug - Nov) SEASON

TINY TAIPANS PROGRAM
(5-9 years)



OFFICE USE ONLY		
STAFF MEMBER:	PAYMENT RECEIVED DATE:	CBI RECEIPT NO:
AMOUNT PAID \$:	TYPE <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> EFTPOS	
ENTERED INTERFUSE (initial)	DATE:	

PERSONAL DETAILS	
PLAYER'S FIRST NAME:	PLAYER'S SURNAME:
PARENT / GUARDIAN NAMES:	
DATE OF BIRTH: / /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE SCHOOL: GRADE:
FULL ADDRESS:	
PO BOX	POSTCODE
EMAIL:	
TELEPHONE: (home)	(work) (mobile)
ABORIGINAL OR TORRES STRAIT ISLANDER <input type="checkbox"/> (yes)	

TINY TAIPANS PROGRAM		FEE TOTAL	
Tiny Taipans Registration <input type="checkbox"/> \$15 <i>(Registration fee)</i> <i>\$5 per session</i>		Section A	
Tiny Taipans Singlet <input type="checkbox"/> \$25 <i>(Blue and White reversible training top)</i>		TOTAL	
<i>Singlet Size:</i> SIZE 6 <input type="checkbox"/> SIZE 8 <input type="checkbox"/> SIZE 10 <input type="checkbox"/>			

DISCLAIMER

Payment of your fees indicates acceptance of the following: "I acknowledge and agree that if I suffer any personal injury, loss of property or any other kind of loss or damage of any kind whatsoever whilst on or because of my attendance on the premises of, or at any game, event or function arranged or conducted by or under the auspices of Queensland Basketball Inc. (Basketball Queensland) or any of its member associations or any member of those member associations, or because of anything else done or omitted by any of those parties or someone for whom they are responsible, I will not hold any of those parties responsible and I will indemnify them in every respect in relation to the injury, loss or damage concerned, whether it is caused by their negligence or otherwise in carrying out their obligations or otherwise. I agree to abide by the rules / by-laws of Queensland Basketball Inc. or any of its member Associations or any member of those member Associations."

NAME PARENT / GUARDIAN:.....	Date:
SIGNATURE PARENT / GUARDIAN:.....	