

42 Sunnymeade Drive, Aberfoyle Park SA 5159
Ph: 8370 6472 / Fax: 8270 8550
info@seedchurch.org

Coordinator – Sue Raw
Mobile: 0413 567 518
suerawbasketball@gmail.com

**WINTER SEASON 2017
APPLICATION TO PLAY & REGISTRATION FORM**

If you would like to register to play in the 2017 WINTER season, please complete the attached form and return it to the Seeds Uniting Church Office, with a \$20 non-refundable application fee per player, **by Monday 27th March 2017**. *NB: If any player does not achieve a place in a team, this deposit will be refunded in full.*

The Winter season this year will commence on Saturday 29th April (please note this is at the end of the school holidays).

The committee spend a lot of time ensuring all players are evenly and fairly placed in to the teams we register in the SACBA competition. Our aim is to have a **maximum number of players for each team** to avoid players having to be rostered off or subbed frequently. The committee also spend time finding coaches and managers for each team. Due to the time and effort required for this initial process and the fact that the number of players in each team is only mildly flexible, it is a major issue when players decide to pull out prior to or at the start of the season. The committee therefore ask for a \$20 non-refundable 'application fee'. This \$20 will be debited from the players Registration Fee, so is not an additional cost. (Further details on payment options are at the end of this form).

Teams will be capped and each team will be filled in the order the forms are received. When each year level team is filled, a **waiting list** will be created and the committee will make every attempt to find enough players to fill another team. To avoid disappointment, please get your form in ASAP and by **Monday 27th March** at the very latest.

Please note that the information on the registration form is confidential and will only be used for the administration of the Basketball Club. If any of this information changes, then we request that you advise your team manager as soon as possible.

Fees / Costs

Invoices for the registration fees will be forwarded to players prior to the commencement of the season.

Senior and Junior Fees

Players - \$85 (plus \$20 singlet bond if not paid previously) = \$105. In addition, club shorts must be purchased if players do not already have a pair (cost \$22). A limited number of second hand shorts are also available.

If you (or a family member) volunteer to coach, your child's fees will be reduced. Please see Sue for further information.

In addition to the above fees, there are weekly entrance fees (u12 and up only) which are \$10 for senior players, \$7 for junior players and \$2 for spectators. For u8 and u10 players we ask for \$25 per player to be paid to the team manager at the commencement of the season to cover the weekly umpire fees.

One of our aims is to be a club for the whole community and it is important that no player is unable to join a team due to financial hardship. If you would like to discuss financial assistance, please speak to Sue Raw (Co-ordinator). All discussions will be strictly confidential.

Training:

All training is held on Monday evenings in the Aberfoyle Park Primary School Campus Gym. Times will be dependent on the number of teams registered for the season and the coach's availability.

******* PLEASE READ THIS *******

Coaches and Managers Urgently Required

Every season we need one coach and one manager per team. This is essential to the teams playing. We currently have a number of vacancies. Please consider your availability to do this and please note this in the attached forms. It would be great if I (Sue) don't have to chase people up to perform these roles as this can be quite a time consuming task (and one I really don't enjoy!).

You will need a Uniting Church police check, which is very easy to complete and is administered by the Uniting Church centrally.

If you have any questions at all please contact Sue Raw.

DUE DATE FOR FORMS - MONDAY 27th MARCH 2017



Calendar

DATE	SEASON	EVENT
Monday 27 th March	Winter 2017	Winter Season Registration Forms DUE
Week beginning Monday 27 th March	Winter 2017	Selection Committee Meeting
Sunday 23 rd April (in the school holidays)	Winter 2017	Winter 2017 registration day time TBC (afternoon) – Seeds Uniting Church. <i>Meet the coach and your team, information day, purchase/swap uniform, pay fees.</i>
Saturday 29 th April (last weekend of the school holidays)	Winter 2017	Round one of the winter season
Saturday 10 th June	Winter 2017	No Game – June LWE
Saturday 15 th July	Winter 2017	No Game – School Holidays
Saturday 2 nd September	Winter 2017	Finals begin
Saturday 9 th September	Winter 2017	Finals and junior carnival
Saturday 16 th September	Winter 2017	Grandfinals
To be confirmed	Winter 2017	End of season Breakup – time and date TBC



WINTER SEASON 2017 APPLICATION TO PLAY & REGISTRATION FORM

Please use **one form per player**

SECTION 1 –PLAYER INFORMATION

Last Name: First Name:..... Date of Birth:...../...../

Age as at 30th September 2017: School:

Have you played for Seeds Uniting Church before? **YES / NO** If yes, which season? and which age level:

SECTION 2 – EMERGENCY CONTACT or PARENT/GUARDIAN INFORMATION

OVER 18 - if player is over 18, please use this section for your contact details and for one emergency contact.

PG 1 / Emergency Contact 1: Relationship with Player:

Name:.....

Address: Postcode:

Home Phone: Mobile:.....

Email:

- I check my **emails** regularly (minimum of every two days)
- I will need **Scorer** training (this will involve sitting with a trained scorer at a couple of games. It is an expectation that all parents will assist with scoring during the season).
- I consent to my home and/or mobile phone numbers being shared on the Player/Parent Contact List.
- I am interested in helping out as a; Coach Team Manager Committee Member

Coaches are required to have a current Uniting Church Police clearance. If you don't have one, please contact Sue Raw and it can be arranged for you at no cost.

My Uniting Church Police Clearance Ref# is

PG 2 / Emergency Contact 2: Relationship with Player:

Name:.....

Address: Postcode:

Home Phone: Mobile:.....

Email:

- I check my **emails** regularly (minimum of every two days)
- I will need **Scorer** training (this will involve sitting with a trained scorer at a couple of games. It is an expectation that all parents will assist with scoring during the season).
- I consent to my home and/or mobile phone numbers being shared on the Player/Parent Contact List.
- I am interested in helping out as a; Coach Team Manager Committee Member

Coaches are required to have a current Uniting Church Police clearance. If you don't have one, please contact Sue Raw and it can be arranged for you at no cost.

My Uniting Church Police Clearance Ref# is

SECTION 3 – UNIFORM

Do you own a pair of the CLUB **SHORTS**? **YES / NO** (If not, you will need to buy a pair from the club for \$22 each)

Do you have a CLUB **SINGLET**? **YES / NO** If **NO** what is the players clothing **Size**:.....

If **YES**, please state the **Size**: and **Number**:..... Do you need a Singlet **Size Upgrade**? **YES / NO**

SECTION 4 – PERMISSION FOR PUBLICATION OF PLAYER PHOTOGRAPHS

The Basketball Club may from time to time, place photographs of players in publications, on the club/church website and/or on the church notice board. These photographs will not include identifying information such as addresses and contact phone numbers.

I give the Basketball Club permission to use photographs of this player in club publications, on the club/church website and on the church notice board for promotion.

Signature of parent/caregiver (or player if 18 years or over):

SECTION 5 - PLAYER UNAVAILABLE DATES

The player listed above is unavailable for the following games this season;

.....

.....

SECTION 6 – MEDICAL INFORMATION

Has the player had a tetanus immunisation: **YES / NO** If Yes, which year?

Current Medical Conditions	Circle Answer	Further information or special instructions
Convulsions/Seizures/Epilepsy	Yes/No	
Asthma or chest problems	Yes/No	
Allergies (eg: bee stings)	Yes/No	
Diabetes	Yes/No	
Vision or Hearing Problems	Yes/No	
Ear Disorder eg: drainage tubes	Yes/No	
Dermatitis or Skin Irritations	Yes/No	
On Any Current Medication	Yes/No	
Other Relevant Conditions	Yes/No	
Diet Restrictions	Yes/No	
Previous Muscle/Tendon Injuries which may possibly recur	Yes/No	

I authorise the coach / team manager to obtain any medical assistance they deem necessary should an accident occur and I agree to pay **ALL** medical and hospital expenses incurred on behalf of the above player.

Signature of parent/caregiver: Date:
(or player if 18 years of over)

PAYMENT OPTIONS

Please use **one form per player** and return with the deposit of **\$20 per player**.

The following payment options are available;

CASH

Please return the completed form to the Seeds Uniting Church office and pay over the counter in cash (or by card) at the time. *(Please note the Seeds Uniting Church office hours are Mon – Fri 9am to 1pm)*

CREDIT CARD

Please scan and email the completed form back to suerawbasketball@gmail.com.au and complete the following card details;

CREDIT CARD PAYMENT AUTHORISATION

Please tick one: MasterCard: Visa Card: Card No: _____
Expiry Date __ / __ Security Code: __ __ __

Card Holders Name : _____

Amount: \$ _____

Signature : _____

CREDIT CARD ON LINE

Please scan and email the completed form back to suerawbasketball@gmail.com.au and go to the following link to pay securely into the church account

<https://seedsuc.wufoo.com/forms/r1ruryrt06513p9/>