



State Basketball League

PLAYER REGISTRATION FORM 2016

Team:	League: WSBL / MSBL
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PLAYER PERSONAL DETAILS

Surname:	First Name:	Date of Birth:	Place of Birth:
Address:			
Suburb / Town:	Post Code:		
Email:			
Phone:	(H)	(W)	(M)

PLAYER GENERAL DETAILS

Guard <input type="checkbox"/> Guard/Forward <input type="checkbox"/> Forward <input type="checkbox"/> Forward/Centre <input type="checkbox"/> Centre <input type="checkbox"/>
Height (cm's): _____ Playing Number: _____

PLAYER ELIGIBILITY

<input type="checkbox"/> Australian Citizen
<input type="checkbox"/> Non Australian Citizen but became permanent resident prior to turning 15: <i>Non Australian Citizens who established permanent residency in Australia prior to turning 15 will require a FIBA Oceania Special Foreign Player License.</i>
<input type="checkbox"/> Non Australian Citizen: <i>Any player that falls under this category must have a valid Visa to participate in the SBL.</i>
Please indicate which competition you last competed in
NBL/WNBL <input type="checkbox"/> SEABL <input type="checkbox"/> Big V <input type="checkbox"/> SA District <input type="checkbox"/> QBL <input type="checkbox"/> WABL <input type="checkbox"/> Other/SBL <input type="checkbox"/>
Other (Please List): _____

CAREER HIGHLIGHTS

NICKNAME

IMPORTANT INFORMATION FOR SBL REGISTRATION FORM

I wish to register with the State Basketball League (SBL) as a player for the 2016 season

- 1) I confirm that, in the event of the SBL accepting this application, I agree to be bound by the SBL By Laws (the contents of which I am aware of) as amended from time to time
- 2) I agree not to use any drugs or substances which are included on a list of banned substances as the SBL directs
- 3) I confirm I am entitled to play for this Club, having all necessary Club, State and International clearances as required
- 4) I undertake not to play basketball in any competition or match or series of matches organised or conducted by any other Association, body or person whilst I am a registered player of the SBL without first obtaining permission from my Club

I declare that the information on this form is true and correct:

Signature of Player: _____ Date: _____

Signature of Club Delegate/Chairperson: _____ Date: _____

Office Use Only – Only process once answers below are all yes				
Date Received	Contracted	Head Shot	Restricted	Date Processed
	Yes / No	Yes / No	Yes / No	



State Basketball League

COACH REGISTRATION FORM 2016

Team:	League: WSBL / MSBL
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COACH PERSONAL DETAILS

Surname:		First Name:	
Date of Birth:		Place of Birth:	
Address:			
Suburb / Town:		Post Code:	
Email:			
Phone:	(H)	(W)	(M)

CAREER HIGHLIGHTS

NICKNAME

REGISTRATION

I _____ apply to register with the State Basketball League (SBL) as a Coach for the 2016 season.

- I hereby confirm that, in the event of the SBL accepting this application, I agree to be bound by the SBL By Laws (the contents of which I am aware of) as amended from time to time
- I hereby confirm that I have a contract with the above-mentioned Club

I declare that the information on this form is true and correct:

Signature of Coach: _____ Date: _____

I declare this coach has been accepted as a member of the _____ Club

Signature of Club Delegate/Chairperson: _____ Date: _____

Office Use Only – Only process once answers below are all yes				
Date Received	Contracted	Head Shot	Restricted	Date Processed
	Yes / No	Yes / No	Yes / No	