

BWA PLAYER CLEARANCE FORM

(PLEASE PRINT) SECTION 1		PLAYER DETAILS			
Last name: First:		Birth date: / /	Age:	Sex: M F	
Street Address:		State:		Postcode:	
P.O Box:		State:		Postcode:	
Mobile phone no.			Email address:		
SECTION 2		I Wish to Apply for a Clearance			
SBL / WABL <i>(Please Circle)</i>					
Current Association:					
New Association:					
Players Signature:		Date: / /	Parent/Guardian Signature:		Date: / /
IMPORTANT INSTRUCTIONS					
1. It is the responsibility of the player to lodge this original clearance form to the Basketball WA office.					
2. The player must retain a copy to provide when seeking to register with a new association.					
3. There will be a minimum seven day period of accepting/declining all clearances.					
CLEARANCE APPROVAL FROM "CURRENT" ASSOCIATION					
Last Name: First:		Association:			
Certify that the clearance of above player has been			Approved:	Declined:	
If declined then reason:					
Signed:		Position Held:		Date:	
IMPORTANT INSTRUCTIONS					
1. Clearance applications must be returned to the player by the new Association once BWA has approved.					
2. It is the responsibility of the new association to ensure that this clearance had been processed before the player takes the court.					
SECTION 3		TO BE COMPLETED BY THE BWA OFFICE ONLY			
Basketball WA Competitions Manager				Date: / /	
Basketball WA Competitions Administrator				Date: / /	