

Rep Coach & Team Manager Disclaimer Form



Name:	
Association:	
Date of Birth:	
Email:	
Address:	
Phone Number:	
Mobile Number:	
Current Level of Accreditation:	
NCAS Number (if applicable):	
BA ID Number (if applicable):	
Current Expiry Date:	
Previous Name (if last registered under a different name):	

Below please place a tick in the box/boxes detailing activities you have been involved with over the past year:

Coaching a Social Team	<input type="checkbox"/>	<input type="checkbox"/>	Mentoring other coaches
Attending updating workshops	<input type="checkbox"/>	<input type="checkbox"/>	Attending coaching workshops

I confirm that the details above are true and correct and I will be bound by and agree to comply with the constitutions, regulations and policies of basketball Australia and Basketball Queensland. I agree to comply with the provisions of the codes of conduct and I submit to the jurisdiction of the disciplinary tribunals of Basketball Queensland and agree to be bound by any decisions of these tribunals.

Signature: _____

If under the age of 18 years your parent/guardian must complete the section below:

Parent/Guardian Name:	
Parent/Guardian Phone Number:	
Parent/Guardian Phone Email Address:	
Parent/ Guardian's Signature:-	
I, as the parent or guardian of the applicant, agree that the applicant will be bound by and agree to comply with the constitutions, regulations and policies of Basketball Australia and Basketball Queensland. I agree that the applicant will comply with the provisions of the codes of conduct and submit to the jurisdiction of the disciplinary tribunals of Basketball Queensland and agree to be bound by any decisions of these tribunals.	