



[byfordbasketballassociation@gmail.com](mailto:byfordbasketballassociation@gmail.com)

ABN No 57 371 411 665

0407948879



**Byford Pest Control**  
Eco Friendly Solutions



**Byford Basketball Association Inc. is now taking  
Registrations for our Spring/Summer Season.**

**Starting Monday the 23/7/18 and running until the 7/12/18**

**“Byford Bouncers” for Beginners 2011-2013**

**Wednesday Nights 4-5pm**

**Under 10's 2009-2011 Monday 4- 6.15pm**

**Under 12's 2008-2007 Monday 4- 6.15pm**

**Under 14's 2006-2005 Tuesday 5 - 6.15pm**

**Under 16's 2004-2003 TBA depending on numbers**

**Senior Boys 2002-2000 TBA depending on numbers**

**and Seniors**

**Or enter a school team**

**Training is also provided for all age groups**

**Enquiries to [byfordbasketballassociation@gmail.com](mailto:byfordbasketballassociation@gmail.com)**

**Contact 0407948879**

**or find us on Facebook @byfordbasketball**

**Play the Game! Love the Game!**

**Basketball!!**



0402213582



**Andrew HASTIE MP**  
Supporting Byford Basketball  
[www.andreahastie.com.au](http://www.andreahastie.com.au)



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## Player Registration Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male / Female (please circle)

Team Name \_\_\_\_\_

Parent/ or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Conditions (please specify): \_\_\_\_\_

Photography Permission: \_\_\_\_\_

I \_\_\_\_\_ agree to abide by all rules and regulations set down by Byford Basketball Association Inc. Basketball Australia, Basketball WA ,F.I.B.A. and by the designated Venue where training or competition takes place. I agree to participate in all activities programmed (including any time/day changes) for the duration of the season and undertake to honour any penalty allocated by the management.

I agree that all Byford Basketball Association members are to be free and clear of all responsibility for any loss or injury whatsoever to the above player. Should I require medical attention while participating in activities, I give permission for those in charge to seek the most immediate medical attention available, and also agree to cover all transport, medical attention and medical accommodation costs that may result.

I give permission for Byford Basketball Association to use my details in an attempt to place me in a team. Contact Trevor on 0407948879 or email the Association on [byfordbasketballassociation@gmail.com](mailto:byfordbasketballassociation@gmail.com), or [@ Byford Basketball Association member](#)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Details: **Bendigo Bank Byford BSB 633000 A/No 160428652**

Please find us on Face book @byfordbasketball.

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