

SHOALHAVEN BASKETBALL ASSOCIATION

JUNIOR PLAYER MOVEMENT REQUEST FORM



**This form is to be completed by the parent/guardian of the making the request.

1 Member Details	
Player Name:	
Players DOB:	
Parent/Guardian Name:	
Parent/Guardian Email:	
Parent/Guardian Phone Number:	
2 Request Details	
Level: <i>(Please circle)</i> Domestic / Rep	
Current age group and team:	
OR	Age group requesting to join: If you are requesting to join Domestic-level U19 boys or Seniors: What is the name of the team you will be joining or would you like SBA to assign a team for you?
You are a junior player requesting:	
<i>Please tick the applicable request</i>	
<input type="checkbox"/>	To play in my own age group, as well as the age group above
<input type="checkbox"/>	To play in a senior team as well as in my age group
<input type="checkbox"/>	An exemption to play in the age group below me, instead of in my age group
<input type="checkbox"/>	An exemption to play in the age group above me, instead of in my age group
Please provide a reason for your request:	
Please provide a summary of the player's experience with Basketball:	
Please provide the name of a coach/s who could provide further information, if required:	

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3 Terms and Conditions

As per the SBA's domestic competition rules any player that is approved to play in a competition that is not their age division will be required to adhere to the following terms and conditions.

1. Any player approved to play up or down an age group is done so in line with the Junior Player Movement Policy.
2. As per the Junior Player Movement Policy, SBA reserves the right to reconsider, its decision at any time
3. SBA reserves the right to include any further terms and conditions for their approval. Player's parents/guardians will be made aware of these when they are notified of their approval.

Please review the Junior Player Movement Policy and Domestic Competition Rules prior to completing this request form.

Access Junior Player Movement Policy: <https://shoalhavenbasketball.com.au/wp-content/uploads/2022/03/Junior-Players-Policy-160222.pdf>

Access Domestic Competition Rules: <https://shoalhavenbasketball.com.au/wp-content/uploads/2022/01/SBA-Domestic-Competition-Rules.pdf>

I, **[Name]**, have read and understood the above statement. I have read the Junior Movement Policy and understand that pending SBA's decision, I am agreeing to ensure my child adheres to this policy.

Player's Parent or Guardian Print Name:

Signature:

Date:

4 Indemnity Waiver

I, **[Name]**, am the parent/legal guardian of **[Child's Full Name]**, and I hereby acknowledge the inherent risks associated with their participation in basketball activities organised by Shoalhaven Basketball Association.

I understand and acknowledge that basketball involves physical exertion, contact with other players, and the risk of injury. I am voluntarily allowing my child to participate in these activities with the full knowledge and understanding of these risks, and I assume all responsibility for any injury or damage that may occur as a result of their participation.

In consideration for allowing my child to participate, I release and indemnify Shoalhaven Basketball Association, its officers, directors, employees, volunteers, and agents from any liability for injuries, losses, or damages that may occur because of my child's participation in basketball activities.

I understand the risks involved, I acknowledge that I have read and fully understand this indemnity waiver, and I voluntarily agree to its terms and conditions.

Players' Parent or Guardian Print Name:

Signature:

Date:

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5	<p><i>To be completed by SBA personal</i></p> <p>Additional Information i.e., coaches' comments or competition managers feedback</p>
6	<p>Request Approval</p> <p><i>To be completed by the Competition Manager, the SBA Board or a relevant Representative Committee member as per the Junior Player Movement Policy.</i></p>
Terms & Conditions of Approval in Addition to Junior Player Movement Policy:	
Approved by Print Name:	Date:
Approve by Signature	
Approve by Position:	
OR Denied by:	
Reason for denial:	
Decision valid for:	

After filling out the form, kindly send it to enquiries@shoalhavenbasketball.com.au or bring a hard copy to our office. The SBA will review and process your request upon receiving the form. You will be notified of the approval or denial of your request.