**Section 1 (Player)**

The undersigned ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Y8 athlete wishes to play in a Basketball Otago Secondary Schools Competition.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B: / /

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

Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* By signing this form the athlete agrees that they are entering the competition at their own risk and their application will be put to the Basketball Otago office for discussion. The athlete will be advised if they are able to play before the first game of competition.

**OFFICE USE ONLY:**

**BBO General Manager Signature Date:**

**Basketball Otago**

 **Telephone:456-4063**

**operations@otago.basketball**