MALTA BASKETBALL ASSOCIATION FORM 01

REGISTRATION Part 1

I the undersigned, desire to register with _____ as a player of the Malta Basketball Association.
I confirm that the particulars are correct and oblige myself that I will inform the MBA of any changes in the particulars appearing hereunder. I also bind myself that once registered, I shall be subject to the jurisdiction of the MBA and will observe all the rules and regulations and decisions of the MBA as may be in force from time to time.

To be filled in block letters

Name	Surname	
Fathers Name	Mother's name & Maiden Surname	
Address (incl Post Code)		
Mobile	Home Tel	
Email		
Date of birth	Country of birth	Nationality
ID card No/Passport No	Second Nationality	
Signature of player		Date
Signature of witness	Name of witness in blocks	Date ID card No

The witness must be a club official.

To be completed only if the player has not attained his eigtheenth (18th) birthday

I_____the undersigned legal guardian of the player above mentioned, assent to this registration by the said player.

Signature of legal guardian/s ID card No

This form completely filed in, must be filed with the Malta Basketball Association Within thirty days from the date of signature and seven days before the player's first competitive match. This registration form will be considered valid only if submitted with all necessary documentation listed in the Registrations and Licenses Policy

FOR OFFICIAL USE ONLY
Received by:
Recipients signature :
Date of Submission:
Approved by:
Approver's signature:
Date of entry of form:

CHECK LIST	
2 Photos	
Birth Certificate / Photocopy of ID or Passport	
School certificate signed by Head of School	
ETC Permit	
Proof of residence of more then 12months	
Proof of residence of more then 5 years	
Updated list of registered players	
Release from other club	
International Clearance needed	

AGREEMENT Part II

TO BE FILLED ONLY BY PLAYERS OVER EIGHTEEN (18) YEARS OF AGE

I _____ holder of ID card N° _____

Agree to register and play for _____ for the following seasons:

From season 20 _____/ 20_____

To season 20_____/ 20 _____

Signature of player	Date
Signature of club official	Date

1. This section to be filled only by players who attained eighteen (18) years of age on or before the date of signature of this form.
2. Minimum number of Seasons must be three (3) seasons.

DATA PROTECTION FORM Part III

According to the laws of Malta the Malta Basketball Association is required to seek your prior written consent before collecting, storing and processing any of your personal data on the Malta Basketball Association's computer system or on the Malta Basketball Association web-pages.

Collecting, storing and processing of certain personal data are essential for registering you.

Therefore, please consider signing the declaration below in order to allow the Malta Basketball Association to complete the registration process foreseen in the MBA rules and regulations.

_____ _____

(Player's name in capital letters)) (Date of Birth)

Hereby consent that certain of my personal data is:

(i) collected, processed and stored by the Malta Basketball Association for the purpose of the registration for Malta Basketball Association competitions and

(ii) Published on the Malta Basketball Association web pages.

The Malta Basketball Association shall not use my personal data for any other purpose and shall not provide my personal data to any third party with my prior written consent or unless required by the statute or law.

_____ _____

Date Signature of player or legal guardian

MEDICAL FORM Part IV

Name of player _____

Has ever suffered from?

Serious head injury	YES	NO
Convulsion or recurrent fainting	YES	NO
Chronic cough, asthma or other breathing disorders	YES	NO
Heart murmur or other heart problems	YES	NO
Diabetes	YES	NO
Bleeding disorders	YES	NO

Details	Normal	Abnormal	Comments
Skin			
Ears, Nose & Throat			
Mouth & Teeth			
Chest			
Cardiovascular			
Abdomen			
Genitalia			
Upper extremity			
Feet			
Spine			
Neurological			

This is to certify that I have today-performed an examination of _____ and based my evaluation of his/her medical history and examination, I am of the opinion that the above mentioned is physically able to participate in basketball training sessions and take an active part in competitive basketball games

THE PLAYER IS RESPONSIBLE TO INFORM THE CLUB AND THE MBA OF ANY CHANGES TO THE ABOVE

_____ _____ _____

Signature of Physician Rubber Stamp Date of examination