



Mt Evelyn Meteors
Basketball Club
Incorporated No: A0013563N

P.O Box 258

Mt Evelyn 3796

PH: 0447379473

Winter 2020 APPLICATION FORM FOR A TRANSFER

Transfers will open at the end of the summer season.

NAME _____ M/F _____ D.O.B _____

Last played season _____ Club _____ Age / Grade _____

Rep Player Y/N _____

Address _____

Post code _____

Parent name _____ Phone _____

WWCC No: _____ Exp Date: _____

Current Email _____

Meteors have social media promotional sites including but not limited to our website and Facebook where photos of players are used to promote the club. Please give notice in writing to meteorspresident@gmail.com to withdraw the permission of the club to use images of your children..

Acceptance of the following is assumed when registering your child with Mt. Evelyn Meteors.

- An individual player or a team may be placed in a higher or lower grade level than originally entered.
- My child and I will abide by the Players' and Parents' Codes of Behaviour. (Available at www.mountevelynmeteors.com)
- In the case of injury or illness, if the coach is unable or believes there is insufficient time to attempt to contact me, it shall be the coach's decision to call an ambulance and I will be liable for any costs.
- That the Mt Evelyn Meteors have a zero tolerance of child abuse.
- **Please email completed form to jan_walker@bigpond.com**

Signature_____ **Date**_____

Name_____