

Player Clearance Form



(PLEASE PRINT)		PLAYER DETAILS		SECTION 1	
Last name:	First:	Birth date:	Age:	Sex: M F	
Street Address:		State:		Postcode:	
P.O Box:		State:		Postcode:	
Home phone no.	Mobile phone no.	Email address:			
I Wish to Apply for a Clearance				SECTION 2	
Current Association:					
New Association:					
Players Signature:	Date:	Parent/Guardian Signature:	Date:		
	/ /		/ /		
IMPORTANT INSTRUCTIONS					
1. It is the responsibility of the player to lodge this original clearance form to the Basketball WA office.					
2. The player must retain a copy to provide when seeking to register with a new association.					
3. There will be a minimum seven day period of processing all clearances.					
CLEARANCE APPROVAL FROM ASSOCIATION					
Last Name:		First:	Association:		
Certify that the clearance of above player has been			Approved:	Declined:	
If declined then reason:					
Signed:	Position Held:			Date:	
IMPORTANT INSTRUCTIONS					
1. Clearance applications must be signed and returned to the player within 14 days of the clearance being presented.					
2. It is the responsibility of the new association to ensure that this clearance had been processed before the player takes the court.					
TO BE COMPLETED BY THE BASKETBALL WA OFFICE ONLY				SECTION 3	
Basketball WA Operations Manager				Date:	
				/ /	
Basketball WA Administrator				Date:	
				/ /	



Government of **Western Australia**
Department of **Sport and Recreation**

Western Australian Basketball Federation (Incorporated)
PO Box 185 Floreat WA 6014
Perry Lakes Basketball Stadium
Meagher Drive Floreat WA 6014
Tel 08 9284 0555 • Fax 08 9284 0550
www.basketballwa.asn.au
ABN 13 540 579 433