



DECLARATION & PAYMENT FORM



CONTACT DETAILS

| | | | |
|---|---|-----------------|------------|
| Name | | | |
| Date of Birth | | | |
| Address: | | | Post Code: |
| | | | |
| Home Number | | Mobile Number: | |
| Program Position | | | |
| WWC | # | Expiry Date: | |
| Qualification Level: | | Year Completed: | |
| Contact Email: | | | |
| | (This email will be used as the email point of contact) | | |
| Contact Email: (Parent /Guardian if U18) | | | |

EMERGENCY CONTACT

| | | | |
|----------------|--|----------------|------------|
| Name: | | Relationship: | |
| Address: | | | Post Code: |
| | | | |
| Home Number | | Mobile Number: | |
| Contact Email: | | | |

MEDICAL CONSENT * Please circle either YES or NO

| | | | |
|---|--|---------------------------|--|
| Are you currently covered for Ambulance transportation? YES / NO* | | | |
| I consent to receive where it is impractical to communicate with me, such medical treatment or transport by ambulance as is deemed necessary by a representative of Hawthorn Basketball Association, and I will bear payment of any expenses thus incurred. YES / NO* | | | |
| Signature | | (Parent /Guardian if U18) | |



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PHOTOGRAPHY CONSENT * Please circle either YES or NO

| | | | |
|---|--|---------------------------|--|
| I consent to my photo/s being used by Hawthorn Basketball Association for website and/or promotional purposes. YES / NO* | | | |
| Signature | | (Parent /Guardian if U18) | |

DECLARATION * Please circle either YES or NO

| | | | |
|--|--|---------------------------|--|
| I agree to comply with the HAWTHORN BASKETBALL ASSOCIATION Constitution Bylaws and Policies, and Basketball Victoria's Constitution, Regulations and Policies. | | | |
| YES / NO* | | | |
| Signature | | (Parent /Guardian if U18) | |
| Date | | | |

PAYMENT DETAILS (Direct Deposit)

| | | | |
|---|--|---------------------------|--|
| Account Name: | | | |
| BSB: | | Account Number: | |
| <p>You must sign a “Declaration of Hobby” (below) and an ATO “Statement by a Supplier” form (attached) before payments can be made.</p> <p>“For payments in excess of \$75, made by the HAWTHORN BASKETBALL ASSOCIATION for a service, where an ABN is not provided for taxation purposes. If this form is not signed and an ABN not provided, we are obliged by law to withhold 49% for the Tax Office. Please note: It is an offence to make a false or misleading statement.”</p> <p><u>DECLARATION of HOBBY:</u> I hereby declare that the supply (service) is made to the HAWTHORN BASKETBALL ASSOCIATION in my capacity as an individual, and the supply is made in the course of an activity that is a private recreational pursuit or hobby. Therefore, I am not quoting you an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid.</p> | | | |
| Signature | | (Parent /Guardian if U18) | |
| Date: | | | |

Office Use Only

| | | | | | | | | | | |
|---------|--|---------|--|------|--|---|--|---|-----------|--|
| Scanned | | Entered | | Date | | / | | / | Signature | |
|---------|--|---------|--|------|--|---|--|---|-----------|--|

