Traralgon Amateur Basketball Association Inc.

APPLICATION FOR CLEARANCE

Player Details

I, _____ (*Insert Name*)

Hereby apply for a clearance for, _____ (Insert Name)

Being myself / my son / my daughter / my charge

From, _____ (Insert name of club/ team)

To, _____ (Insert name of club/ team)

Being a team / club registered with the Traralgon Amateur Basketball Association Inc.

Reason for Application

Player Declaration

By signing this form you agree declare that the information contained in this form is true and correct.

Player Signature *(Parent/Guardian if Under 18 years)*		**Date**	

Authorised Representative

I, _____ (*Insert Name*)

Being a coach / team secretary / club secretary of the above mentions team / club *(Please circle)*

Grant / Deny the application for clearance *(cross out whichever is NOT applicable).*

Reason for Denial (If applicable)

Authorised Representative Declaration

By signing this form you agree declare that the information contained in this form is true and correct.

Signature		**Date**	