



ROCKINGHAM BASKETBALL AND RECREATION ASSOCIATION

PLAYER CLEARANCE FORM

Email Completed Form to: admin@rockinghamflames.com.au

SECTION 1 - PERSONAL DETAILS (Player Requiring Clearance)

I: _____ (Block letters please) of:

Postal Address: _____

City: _____ Postcode: _____

Date of Birth: _____ Player Registration # (Leave Blank if unknown): _____

I wish to apply for a player clearance:

From: _____ (Club or team you are leaving)

To: _____ (Club or team you are moving to)

Applicants Signature: _____ Date: _____

SECTION 2 - CLEARANCE APPROVAL BY THE CLUB OR TEAM ORGANISER

I: _____ (Block letters please) of:

Club/ Team: _____

Certify that the clearance of the above applicant has been: ☐ Approved ☐ Declined

If declined, then reason: _____

Signature: _____ Date: _____

Position: _____ (Position held within the Club or Team)

SECTION 3 - CLEARANCE APPROVAL BY RBRA

I: _____ (Block letters please)

of: **Rockingham Basketball and Recreation Association**

Certify that the clearance of the above applicant has been confirmed: ☐ Yes ☐ No

Signature: _____ Date: _____

Position: _____ (Position held)