



Tenterfield Basketball Membership Form

Membership Class

Junior \$70.00

Senior \$80.00 Do you have a Blue Card ? No Yes Card No. _____

Applicant Details

New Member

Membership Renewal

First Name: _____

Last Name: _____

Address: _____

City _____

PCode _____

Date of Birth: ____/____/____

Gender: Male Female

Contact phone: _____

Mobile: _____

If you wish to be kept informed about upcoming events, draw changes and other important association notifications please provide your email address below, please write clearly.

Email: _____

If Applicant is Under 18 Years of age:

Parent/Guardian's Name: _____

I agree to abide by the Academy Basketball Inc Constitution, By-Laws and Codes of Conduct. I confirm that I have read and accept the level of insurance cover provided to me as a financial member of Tenterfield Basketball as described on the reverse of this form or supplied separately.

Use of Images

I understand that from time to time images of my child may be captured by Tenterfield Basketball (or its authorised representative) during the course of participating in events and activities that may later be used by Tenterfield Basketball to promote the activities and programs offered by Academy Basketball Inc as a not-for-profit sporting association.

Applicants Signature: _____

Date: ____/____/____

Parent/Guardians Signature _____

Date ____/____/____



Sports Injury & Personal Accident Insurance

WHO IS COVERED? All registered members, trialling participants, coaches, assistant coaches, voluntary workers and officials.

WHEN ARE YOU COVERED? Cover applies:

- Engaging/Playing in official club matches including club, championship or representative matches.
- Organised training or practice sessions for activities as described in (a) above.
- Travelling directly between matches/activities in (a) or (b) above, and your residence or place of employment or the premises of Basketball Australia or its affiliated Associations, Leagues or Clubs.
- Staying away from your home district during a tour for the purpose of participating in representative matches/activities.
- Engaging in administrative or organised social activities of Basketball Australia or its affiliated Associations, Leagues or Clubs.

NOTE: Some fundraising and extreme training techniques may not be covered by the definition of "Activities Covered" in this policy. Please refer to PSCHorsell International for confirmation that the activity is covered.

AGE LIMIT 3 to 80 years of age

WHAT COVER APPLIES? The benefits are summarised below.

Medical Expenses

Reimbursement up to 75% of Non-Medicare medical expenses (net of recoveries from private health insurance) up to a maximum of \$1,000 per injury. Claimable expenses include private hospital accommodation; ambulance transport costs; chiropractic; physiotherapy; dental services (to sound whole teeth only); ancillary medical procedures; theatre fees in private hospital where Medicare does not apply; orthotics, splints and prosthesis where an Insured Person's medical practitioner considers them medically necessary for the treatment of the injury.

An excess of \$50 applies each and every claim to those not privately insured. The policy does not provide cover for expenses incurred for which a Medicare benefit is payable; expenses incurred more than 12 months after the date of injury; accounts covered by an ambulance service whether claimed or not; accounts covered by private health insurance whether claimed or not.

Loss of Income

Covers 80% of your net weekly income or up to a maximum of \$200 per week, whichever is the lesser.

Cover is only provided if you were engaged full time in your occupation up to the time of your injury.

The amount of any weekly benefit payable is reduced by the amount of any periodic compensation benefits payable under any other insurance policy or employer or any other source so that the total amount of any such benefits and the weekly benefits payable do not exceed the policy limit.

Benefit Period: 52 weeks

Excess: 7 days

Death and Permanent Disability

A lump sum benefit is payable in the event of a death or a Permanent Disability. The scale of benefits is defined in the policy.

The maximum benefit is \$100,000.

(Limited to \$20,000 for persons under 18 years)

Student Assistance Benefit

Pays 80% up to \$200 per week to a maximum of \$2,000 any one claim for the actual cost of home tutorial by a qualified tutor which has been certified as necessary for the duration of temporary total disablement by a registered and legally qualified medical practitioner. You must be a full time student at an accredited institution of higher learning, who does not earn an income, to be eligible for this benefit. No compensation is payable under this section if you are seeking a benefit for Household Help.

Excess: 7 days

Benefit Period: 52 weeks

Household Help Allowance

Pays non-income earners 80% of costs up to \$200 per week to a maximum of \$2,000 any one claim being for reimbursement of actual costs of domestic help certified as necessary for the duration of temporary total disablement by a registered and legally qualified medical practitioner.

No compensation is payable under this section if you are seeking a benefit for Student Assistance.

Excess: 7 days

Benefit Period: 52 weeks

Funeral Expenses

Pays 100% of the actual costs of funeral expenses of an insured person up to a maximum of \$5,000.

Injury Assistance & Parents Inconvenience Assistance

Pays up to \$50 per day to a maximum of \$2,000 any one claim for non medical expenses incurred directly relating to the injury. For the purposes of this section, non medical expenses include transportation and accommodation costs certified as necessary by a registered and legally qualified medical practitioner. It does not include wages lost by any person. No compensation is payable under this section if you are seeking a benefit for Loss of Income or Student Assistance or Household Help.

Excess: Nil

Benefit Period: 52 weeks