

NEW PLAYER REGISTRATION FORM



PERSONAL DETAILS (all fields are mandatory)

Surname: _____ First Name: _____
 Address: _____
 Suburb and Postcode: _____ Date of Birth: _____
 Telephone: (Home) () _____ (Work) () _____ (Mobile) _____
 E-mail Address: _____

REGISTRATION

I wish to register with the _____ Baseball Club, in the _____ Association/League.

(Tick appropriate box)

- I have never been a registered player of a Baseball club
 I have been/am currently registered with the following Club(s) during the past 4 years. (as listed below)

CLUB	ASSOCIATION/LEAGUE COMPETITION	SEASON

DECLARATION

I acknowledge (or my parent/guardian on my behalf) that Baseball has inherent risks and that injuries/losses could occur. I agree to waive rights against Association and affiliate body that exist from time to time, including Directors, staff and appointed volunteers. I agree to consent to necessary medical treatment and agree to pay for any medical treatment costs, including transport by ambulance. I acknowledge that Baseball has some limited insurance and agree that I will consider additional health, income protection, life and other insurances. Should I require the use of the provided insurance I agree to pay all excess fees. I acknowledge that I am physically and mentally fit to be involved in Baseball and will notify my team, club or Association, as the case may be, if I am unfit. I acknowledge that will abide by the Association's code of conduct and rules, regulations and policies of the Association and its affiliate that exist from time to time, a copy of which can be obtained from the club Secretary for my perusal. I acknowledge consent that photographs and electronic images may be taken for promotional purposes. I acknowledge that my personal information will only be used to provide services for me and Baseball, and for the purposes of registration, participation, team selection, anti-doping and insurance. I declare that the information I provide on this form is true and correct.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN IF PLAYER IS UNDER 18 YEARS OF AGE

I, (parent1) _____, and on behalf of (parent2) _____, being the parents/guardians of (child) _____ approve of him/her playing baseball with the _____ Baseball Club. We confirm that his/her date of birth is _____.

We declare that the child of which we are parent/guardian will abide by the rules, regulations and policies of the Association and its affiliate that exist from time to time, a copy of which can be obtained from the club Secretary for our perusal.

Parent/Guardian Signature: _____ Date: _____

CLUB ACKNOWLEDGMENT

I declare that the applicant has been accepted as a member of the _____ Club.

Secretary's Signature: _____ Date: _____

ADMINISTRATOR USE ONLY

TCO Processing this form (Print Name): _____ Date: _____

TCO Signature: _____

PLEASE NOTE: For new registrations, please insert details in the myClub system within 72 hours after the player's second game. Any player that does not appear on myClub IS NOT registered and must be entered into the system after the player's second game. It is mandatory that clubs use this Form and the properly completed form sent to the Competition Administrator as soon as possible.