



BASEBALL SA

League/Association/Club Registration Form

For Season: _____

Little League/ Under 14/Under 16/Under 18
Senior/Non playing Member Circle the registration type

CLUB: _____ **Baseball SA Registration No:** _____

Surname: _____

First Name _____ **Middle Names:** _____

Informal First Name _____ **SNR / JR - CIRCLE IF APPLICABLE**

Address: _____

Suburb/Town: _____ **State:** _____ **Post Code:** _____

Phone: (Home) _____ **(Email):** _____
(Mobile): _____

What is your preferred contact method? _____ **Home phone/Work Phone/Mobile/Email (circle the contact method)**

Personal

Gender: (M or F) _____ **Date of Birth:** ____/____/____

Are you a Junior? Yes / No _____ **IF YES, YOU MUST SUPPLY CONTACT DETAILS OF YOUR GUARDIAN**

Youth Player Authenticated: Method of Proof =
Birth Certificate, Passport, Licence, School ID etc **verified & signed:** _____
(To be sighted and verified by Club Secretary)

Do you have any medical conditions **If yes, please supply details:**
yes/no

Parent(s)/Guardian(s):

Surname: _____ **First Name:** _____

Surname: _____ **First Name:** _____

Contact details (if different from above)

Address: _____

Phone Contact: _____ **Email:** _____

Date: ____/____/____ **Signed** _____ **Signed:** _____
_____ **(Player/Parent/Guardian)** **(Club Secretary)**

PRIVACY STATEMENT

Your privacy is respected by us. The information you provide on this form will be used to provide services for you and for the purposes of registration, participation, team selection and insurance. It will be passed onto the Australian Baseball Federation (ABF) and to the ABF's insurer. Your information may also be shared with organisations associated with the sport of Baseball, including but not limited to the Australian Sports Commission and Australian Sports Drug Agency. We and the ABF may wish to provide you with special offers from time to time. If you do not wish to receive this additional information, please tick t his box [box here]. If you do not provide the information we may not be able to register you as a member. We and the ABF comply with the Privacy Act with respect to the collection, storage and security of your personal details. If you have any privacy concerns or would like to verify any information we hold about you, please contact our privacy officer or the ABF's Privacy Officer.

RISK WARNING

You should be aware that there are risks of injury associated with playing baseball, as there are with most sports. Risks will arise in the context of the activities of batting, pitching, catching and running. While we aim to minimise risks, it is not possible to eliminate them all.

DECLARATION

I declare that the information provided in this document is true and correct to the best of my knowledge. I also acknowledge that my details will be entered into the National Baseball database to ensure that I am covered under the National Insurance policy.

SIGNATURE: _____

DATED: _____