



# Sunshine Coast Region Baseball Association Inc.

## Player Registration

**TEAM:**

<p><b>ABF Number:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Title:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>First Name:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Middle Name:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Family Name:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Informal:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Under 18?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Player DOB:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>DOB Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Parent/Guardian:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Occupation:</b> <input style="width: 300px; height: 25px;" type="text"/></p>	<p><b>Address:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>City:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>State:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Postcode:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Phone (hm):</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Phone (wk):</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Phone (mob):</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Current Club:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Previous Club:</b> <input style="width: 300px; height: 25px;" type="text"/></p> <p><b>Year:</b> <input style="width: 300px; height: 25px;" type="text"/></p>
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Your club is a not for profit, community based organisation run entirely by the families involved. Each family/adult player is required to contribute to the running of their club. Please indicate your preferences here:

<input type="checkbox"/> Coaching	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Umpiring	<input type="checkbox"/> Scoring
<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Ground keeping	<input type="checkbox"/> Working bees
<input type="checkbox"/> Canteen	<input type="checkbox"/> Admin	<input type="checkbox"/> Committee	<input type="checkbox"/> OTHER:
I can provide other skills to the club (eg) professional skills, first aid. Please list:			

<input type="checkbox"/>	PERMISSION TO PLAY: I give permission for the junior player named above to play for the Sunshine Coast Region Baseball Association Inc. I agree to pay all fees and levies prior to the commencement of the season. I agree to abide by the association and club by-laws, codes of conduct and rules.
<input type="checkbox"/>	IF SELECTED, the junior player named above may be available to play in Regional representative teams
<input type="checkbox"/>	I, the adult player named above, agree to pay all fees and levies prior to the commencement of the season. I agree to abide by the association and club by-laws, codes of conduct and rules.
<input type="checkbox"/>	<p><b>PRIVACY STATEMENT:</b> 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.</p> <p>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 at times ascertain whether or not it has services or products which may foreseeably meet your needs and notify you about these. We will not however, share your personal contact details with any third party for their commercial use.</p> <p>If you do not provide the information we may not be able to register you as a member.</p> <p>We and the ABF comply with the Privacy Act with respect to the collection, storage and security of your personal details.</p> <p>If you have any privacy concerns or would like to verify any information we hold about you, please contact our privacy officer.</p>
<input type="checkbox"/>	<b>RISK WARNING:</b> 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.
<input type="checkbox"/>	<p><b>MEDICAL AUTHORISATION:</b> I, as legal guardian of the above mentioned junior player or as the above mentioned adult player, hereby give permission, in the case of illness or injury, which may occur in connection with training sessions, fixture games or tournaments organised and/or conducted by the association or club, to have a medical officer provide assistance and treatment to the player as deemed necessary. Please advise of any medical information we should know (eg asthma etc):</p> <p>.....</p>

I have read, acknowledged (by my tick in the relevant boxes) and understood the above paragraphs:

Signed ..... email address: .....  
 (Parent/Guardian/Adult player)

Print name: ..... Date: .....

SCRBA USE				
Fees:	Paid:	Due:	Age Group:	Comments:

Complete and post with payment to: SCRBA, P.O. Box 5947, Maroochydore B C, QLD 4558