**Bears Juniors & Cubs Baseball Club Inc Player Registration Form 2017**

**(**For players under 18 years)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Player’s Full Name**  |  |  |  | Date of Birth  |  |  |
| Residential Address  |  |  |  | Phone  |  |  |
| Email  |  |  |
| **Father’s Name**  |  | Occupation:  |  | **Mobile Number**  |  |  |
| I am willing to participate in the Season (Please circle)  | Team Coach Team Manager  | Committee Member Fundraising | Assist at Training |
| **Mother’s Name**  |  | Occupation:  |  | **Mobile Number**  |  |  |
| I am willing to participate in the Season (Please circle)  | Team Coach Team Manager  | Committee Member Fundraising  | Assist at Training  |

**School Attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Details** (Parents are required to supply the following medical information, which is kept confidential.) **Has your child ever suffered from/is suffering from any of the following?**

|  |  |  |
| --- | --- | --- |
| **Injury/Illness**  | **Yes**  | **No**  |
| **Rheumatic Fever**  |  |  |
| **Glandular Fever**  |  |  |
| **Hepatitis**  |  |  |
| **Any Ankle Injury**  |  |  |
| **Asthma**  |  |  |
| **Concussion**  |  |  |
| **Epilepsy**  |  |  |
| **Any Knee Injury**  |  |  |
| **Diabetes**  |  |  |
| **Any ligament damage**  |  |  |
| **Ross River Fever**  |  |  |
| **Dengue Fever**  |  |  |

|  |  |
| --- | --- |
| Date of Last tetanus injection  |  |
| Family Doctor Name  |  |
| Doctor’s phone number  |  |
| Does your child suffer from any allergies  |  |



**Please read the following conditions carefully and signify your agreement to them by signing below.**

* I acknowledge that it is the parent’s/guardian’s responsibility that their child/children wear suitable sunscreen during all day light

 hours of participation in baseball activities.

* I agree to provide my child with adequate liquid refreshments at all training sessions and games
* I acknowledge that the committee and coaches of Bears Juniors & Cubs Baseball Club Inc are not responsible for the application of

my child’s sunscreen or the provision of liquid refreshment.

* I agree to pay my child’s Fees, as set by the club, prior to he/she playing in the first game of the season.
* I understand that no refund of fees will be made should my child not play for an entire season.
* I give permission for my personal details (as listed above) to be forwarded to Baseball Queensland and the Australian Baseball

 Federation for the purpose of registering my child as a player with them.

* I agree to my child’s team coach and team manager being provided with my personal details.
* In the event of accident or illness, where it is impractical to communicate with me, I consent to my child receiving such medical or

 surgical treatment deemed necessary. I agree to pay all the associated fees and expenses.

* I agree to abide by the constitution and by-laws of the Bears Juniors & Cubs Baseball Club Inc and its affiliated associations. I am

 aware that upon my request, the Bears Juniors & Cubs Baseball Club Inc will make available to me a copy of the club’s constitution.

* YES / NO I give permission for my child to be photographed/videoed while participating in Club activities. I consent for the

 photos/videos to used for publicity if required.

YES / NO I give permission for my child’s photograph/ video to be used for publicity on social media.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(parent/guardian) do hereby agree to the conditions stipulated above.**

Signed Date

**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 on to the Australian Baseball Federation (ABF) and to the ABF’s insurer. Your information may also be shared with organizations 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 the services or products which may 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. If you do not provide the information we may not be able to register your child for insurance purposes. We and the ABF comply with the Privacy Act with respect to the selection, 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 us.

**Risk Warning**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Birth Certificate Sighted  | YES /  | NO  |  | AgeGroup  |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Fees Paid by  | CHQ  | /  | CASH  | /DIRECT  | Amount  | ReceiptNumber:  |
| CREDIT  |  |  |  |  | Paid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |







BANK ACCOUNT DETAILS:

BENDIGO BANK ACCOUNT: BEARS JUNIOR AND CUBS BASEBALL

 BSB: 633-000 ACCOUNT NUMBER: 1190 65068

REFERENCE/DESCRIPTION: CHILD’S NAME