**Bears Juniors & Cubs Baseball Club Inc Cubs Player Registration Form 2015**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Player’s Full Name** |  | | Date of Birth |  | |
| Residential Address |  | | Phone |  | |
| Email |  | |
| I am willing to participate in the Season (Please tick) | | Team Coach 🖵 Team Manager 🖵 Committee Member 🖵 Assist at Training 🖵 Fundraising 🖵 | | | |
| **Emergency Contact Person** |  | | **Mobile Number** | |  |

**Medical Details** (You are required to supply the following medical information, which is kept confidential.)

**Have you ever suffered from/is suffering from any of the following?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rheumatic Fever | YES / NO | Epilepsy | YES / NO | Date of last Tetanus injection | / / |
| Glandular Fever | YES / NO | Any knee injury | YES / NO |  |  |
| Hepatitis | YES / NO | Diabetes | YES / NO | Family Doctor’s Name |  |
| Any Ankle Injury | YES / NO | Any ligament damage | YES / NO |  |  |
| Asthma | YES / NO | Ross River Fever | YES / NO | Doctor’s Phone Number |  |
| Concussion | YES / NO | Dengue Fever | YES / NO |  |  |

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

* I acknowledge that it is the player’s responsibility to wear suitable sunscreen during all daylight hours of participation in baseball activities.
* I acknowledge that the committee and coaches of Bears Juniors & Cubs Baseball Club Inc are not responsible for the application of sunscreen or the provision of liquid refreshment.
* I agree to pay my registration fees, as set by the club and/or Cairns Baseball League by its due date. Non payment of fees will jeopardise my player eligibility with the club.
* I understand that no refund of fees will be made should I 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 me as a player with them.
* I agree to my 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 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 to be photographed/videoed while participating in Club activities. I consent for the photos/videos to be used for publicity if required.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(player) 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.

**BANK ACCOUNT DETAILS: BEARS JUNIOR AND CUBS BASEBALL CLUB**

**BENIDGO BANK: BSB: 633-108**

**ACCOUNT NUMBER: 1190 65068**

**REFERENCE : (Your Name)**