



Alleygators Baseball Club

Registration Form

Season: Summer Winter Year: _____

Division: TBall U10 U12 U14 U16 Senior Master

Name: _____ DOB: _____

Address: _____

Post code: _____ Email: _____

Phone: _____ Phone: _____

New Player: Yes No Previous Club: _____

How did you hear about us? : Newspaper On-line School Friend Other

Junior Players:

Parent/Guardian 1: _____ Email: _____

Phone: _____ Phone: _____

Parent/Guardian 2: _____ Email: _____

Phone: _____ Phone: _____

Current School _____ Playing age grade up down

Medical Information:

Any medical/physical conditions to note? Yes No

Condition: _____

This information is only given to the coach of your team and the Club Executive Committee.

Volunteering:

Being part of the club means getting involved to ensure the club runs smoothly and with the least expense. We can provide training for all areas. Please check your preferred volunteer area :

Canteen Coach Team Manager Scoring Umpire Field Maintenance

Committee Fund-raising Web/story writing

Blue Card #: _____ Application completed date: ___/___/___

The Small Print

Please read all of the below before signing.

I hereby give permission, in the event of accident or injury, for a representative of the Gold Coast Baseball Associate or member club to take me (or my child) to the nearest available medical facility. I also waive any claim, which may arise against those bodies, their representatives, umpires or other officials as a result of such accident or injury.

I give my express permission for personal details to be forwarded to the Australian Baseball Federation and their insurer. It will never be shared with any commercial third party entities.

I give my permission for photographs of myself/my child to be published on the club's website and/or newsletter for the purposes of reporting and/or promoting the club's activities.



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More Small Print

In applying for membership of the Gold Coast Baseball Association (GCBA) and the Alleygators Baseball Club I agree to the following:

1. To be bound by the code of ethics, by-laws and conditions as laid down by the ABF, BQI, GCBA and the Alleygators Baseball Club Inc and acknowledge that my membership may be revoked, suspended or restricted for failure to adhere to these conditions. I confirm that I understand the code of ethics as stated below and in further detail available on the Alleygators website at www.alleygators.baseball.com.au.

- It is my duty to be in control of my actions at all times during the game and to refrain from unsportsmanlike behavior.
- I am expected to comply wholeheartedly with the intent and spirit of the rules. Any deliberate action to violate or evade those rules will not be tolerated.
- I will refrain from foul, obscene or abusive language or behaviour while on the field or in the vicinity of the dugout.
- Malicious or personal remarks toward other members or spectators are not permitted.
- It is not permitted for members to dispute umpires' judgment decisions. Where a member needs to question the interpretation of a baseball rule they may direct those questions to the umpire through the team coach or manager only.
- Smoking or drinking alcohol while on the playing field or in the vicinity of the dugout is not permitted.
- I acknowledge that upon submitting this form certain fees are paid by the club to ABF, BQI and GCBA and therefore are non-refundable. Club membership fees are due and payable by the first game of the season (or by the payment schedule agreed upon with the Club Exec Committee). **Failure to pay outstanding fees may result in restriction from play to blacklisting.**

I declare that the information on this form is true and correct and acknowledge that this declaration and registration remains in force until either party, in relation to alteration, restriction or cancellation of my membership, forwards written notification

Player / Parent / Guardian Signature

Date

Club use only:

Registration # _____ Updated MyClub ___/___/___ Updated Team ___/___/___

Payment details:

Fees: \$ _____ Uniform: \$ _____ Total due: \$ _____

Paid: In full Payment plan _____ per week / month

Paid by: Cash Cheque Direct Deposit

Direct deposit details: Bank: Suncorp, Alleygators Baseball, Acct# 038168750, BSB 484-799 Please enter your surname as the reference.