

BWA REGISTRATION / CLEARANCE FORM

SEASON: 20 ___ / ___

Player
 Official

This form is to be completed by all players, umpires, coaches, club officials and volunteers who wish to participate in sanctioned baseball competition in Western Australia.

SURNAME: _____

GIVEN NAMES: _____

DATE of BIRTH: ___ / ___ / ___ GENDER: M F

ADDRESS: _____

SUBURB or TOWN: _____ POSTCODE: _____

TEL: (H) _____ (W) _____ (M) _____

EMAIL: _____

ARE YOU AN AUSTRALIAN CITIZEN? Y N IF "NO", TYPE OF VISA: PERM TEMP



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ABN 21 522 890 770

CLEARANCE DETAILS (if applicable)

Note: An Australian Baseball Federation clearance form MUST be used for all interstate clearances

FORMER CLUB: _____

REASON FOR CLEARANCE: _____

RESIDENTIAL CLUB (If different from former club): _____

_____/_____/20 _____/_____/20

Signed & dated as granted / refused by former club
(delete as applicable)

Signed & dated as granted / refused by residential club
- if different from former club (delete as applicable)



Department of Sport
and Recreation

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.

PARTICIPATION AGREEMENT

I, the undersigned, in consideration of BWA and the ABF agreeing to register me as a participant in sanctioned competition, hereby:

- Undertake to be bound by the laws of the game of baseball and the rules and regulations of BWA and the ABF and to pay all requisite fees and subscriptions by the date specified by my club;
- Agree to be bound by any codes of conduct or policies as may be promulgated by BWA and the ABF from time to time and in particular agree to abide by published BWA policies pertaining to Harassment Free Baseball, Anti-Vilification, Infectious Diseases and protocols relating to the serving and consumption of alcohol;
- Acknowledge that refusal to provide a sample for drug testing incurs the same sanctions as the return of a positive test result. I am aware that copies of the relevant by-laws are available upon request from either BWA or the ABF;
- Acknowledge that I am aware that in order to keep insurance premiums and therefore playing fees to a minimum that the national insurance scheme covers public liability and catastrophic injury situations only and that I can find policy details at the BWA web site or from my club.

Signature (or Guardian if Under 18) _____ Date: ___ / ___ /20 ___

ACCEPTED FOR AND ON BEHALF OF BWA BY THE REGISTRAR / SECRETARY (delete as applicable) OF THE

BASEBALL CLUB

Name: _____ Signature: _____ Date: ___ / ___ /20 ___

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 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.

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.

OFFICE USE ONLY

Date Rec'd: ___ / ___ /20 ___

By: _____ Code: _____

KEY: White - BWA; Blue - Club; Pink - Participant