BWA REGISTRATION / CLEARANCE FORM

	SEASON: 20	1
Player	-	
$\overline{}$	This form is to be completed by ALL PLAYERS II	MDIDE

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:	CUSTOMA POPULATION OF THE PROPERTY OF THE PROP
DATE of BIRTH: / / GENI	DER: Male Female
ADDRESS:	PERTI
SUBURB or TOWN:	POSTCODE:
TEL: (H) (W)	(M) ————————————————————————————————————
EMAIL:	
ARE YOU AN AUSTRALIAN CITIZEN? Yes No IF "NO", 7	TYPE OF VISA: PERM TEMP Mational Champions 2011
CLEARANCE DETAILS	Sports Lotteries House PO Box 57, Claremont WA 6910 ACN 087 442 842 ABN 21522890 770
FORMER CLUB: TIER PLA REASON FOR CLEARANCE:	Begistrar Fay: 08 0377 4502
Signed & Dated as granted / refused by former Club (delete as applicable) Committee Position: ——	
RISK WARNING: You should be aware that there are risks of injury associated	ciated with playing baseball, as there are

PARTICIPATION AGREEMENT:

to minimise risks, it is not possible to eliminate them all.

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

with most sports. Risks will arise in the context of the activities of batting, pitching, catching and running. While we aim

- 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.

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PLAYER SIGNATU	JRE (or Parent/Guardian if under 18)	Date: /	/20
	ACCEPTED FOR AND ON BEHALF OF BWA BY THE REGISTRAR / SEC	CRETARY (delete as applicable)	
OFTHE		BASI	EBALL CLUB
NAME:	SIGNATURE:	DATE:/	/20

Go for 2&5

BARBAGALLO

Department of

Sport and Recreation







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 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: ABF Member No:

