Chipping Norton Baseball Club Inc PO BOX 571 MOOREBANK NSW 1875

PLAYER REGISTRATION FORM SEASON 2014/ 2015

NOMINATED TEAM .....

PLAYERS NAME ....

Surname Given Names

ADDRESS .....

HOME TELEPHONE ..... **Date of Birth** ..... / ..... / .....

E-MAIL ADDRESS .....

MUM's NAME ..... **DAD's NAME** .....

MOBILE No's ....

VOLUNTEER FOR: ....

(eg - Coach, Manager, Umpire, Scorer, Canteen, Field Prep - ALL parents are required to participate)

A copy of Birth Certificate is required for new players.

If played before, last registered - Year ...../..... Team ..... Club .....

Injuries or disabilities that may affect player's performance or may require special consideration:

.....

I/We, ... & ..... (Parent/Guardian name/s)

hereby certify that the above information is true and correct and I/we authorise the above named player to participate in such competitions and matches as may be organised for the team in which the player is accepted and other matches that may be organised by agreement with the Chipping Norton Baseball Club. It is further acknowledged that the team in which the player is registered is the sole responsibility of the management committee of the Chipping Norton Baseball Club. I/we accept responsibility for any injuries, which may be sustained in those matches, or in any other activity associated with those matches (e.g. training, trials or practice etc). I/we are aware that our services will be required in conjunction with running the Club's canteen, the setting up of fields for matches etc, and are prepared to make the time available for those activities. I/we hereby consent that our contact details may be provided to other members within the same team.

SIGNATURE/S (Parent/s / Guardian/s) ....

Clothing Sizes: Pants ..... Top ..... Top No. Issued: .....

Photos supplied: Yes / No / NA Birth Cert. Rec'd: Yes / No / NA Receipt No: .....