



An Intra-Club of North Ryde RSL Community Club Ltd
 ABN 75 001 022 699
 Att: Baseball Section
 PO Box 44
 North Ryde NSW 1670
 Registrar: Terry Boyd
 Website: www.nrrslbaseball.com.au
 E-mail: northrydersbaseball@gmail.com

Registration – Winter 2017

Registrations will cost \$250, with an early bird discount of \$40 provided the registration is received before 8.15pm Wednesday 8th March, 2017. Fully completed forms will be accepted by mail if accompanied by a cheque or credit card authority, or by scanned attachment to an email with a credit card authority and all payment methods will be accepted in person at on Wednesday, 8th March, 7 - 8.15pm at North Ryde RSL Club or Grading Day Sunday 9th April. Other methods accepted with prior arrangement. All registrations must be completed by Sunday, 9th April.

ALL COMPLETED REGISTRATIONS (with CLEARED FUNDS) RECEIVED BEFORE 8.15pm on 8th MARCH WILL BE DISCOUNTED TO \$210.

Player Details **First Name:** _____ **Surname:** _____

Address: _____ **Sex:** Female / Male

_____ **Postcode:** _____

Phone: **H** _____ **M** _____ **Birth date:** _____

Email address: _____

RSL Club Badge No.(Youth club if under 18) _____ **Expiry Date:** _____

Emergency Contact Details **Name:** _____

Phone: **H** _____ **M** _____ **Relationship:** _____

List any relevant medical conditions _____

Drs Clearance Received: **Yes / No** _____

Previous Playing History – Last Season Played **Club:** _____

Season : Summer / Winter **Year:** _____ **Grade:** _____ **Firsts / Reserves**

Declaration by Player:

I hereby declare:

- Ⓐ I understand that the North Ryde RSL Baseball Club ("The Baseball Club"), an intraclub of North Ryde RSL Community Club Ltd ("The Club") accepts no responsibility for any injuries I may incur whilst engaged in training, or playing in any authorised games or activities of The Baseball Club or any League (the League) that the club is affiliated with.
- Ⓑ I understand that The Club and The Baseball Club only carry minimal players' insurance and that it is my responsibility to arrange adequate insurance cover for my needs.
- Ⓒ I give my permission to The Club and The Baseball Club to arrange medical attention that may be deemed necessary including ambulance transport and I agree to pay for all such costs incurred.
- Ⓓ **I understand that I am required to hold a current membership of The Club, for the duration of the season and I understand that by letting my membership to The Club lapse, I may be de-registered from the League.**
- Ⓔ I agree to abide by the rules set down by The Club, The Baseball Club and the league.
- Ⓕ I agree to accept all grading and team placement decisions as made by those duly authorised to make those decisions.
- Ⓖ I am not in default of monies or equipment to any other club or association.
- Ⓗ That the information I have provided is true and correct.

_____/_____/_____
 Signed Player/Parent or Guardian (if under 18 years) Date:

CREDIT CARD AUTHORITY – Note we cannot accept debit cards NRRSL A/C 886/200

Card: Bankcard MasterCard Visa Card AMEX **Expiry date:**/.....

Card number

Amount \$ _____

Cardholder's name: _____

Cardholder's address: _____

Cardholder's Contact # _____

Signature: _____