

REGISTRATION/CLEARANCE FORM

NEW REGISTRATIONS

PERSONAL DETAILS (* denotes mandatory field)

*Surname: _____ *First Name: _____
 *Date of Birth: _____
 *Address: _____
 *Telephone: (Home) () _____ (Work) () _____ (Mobile) _____
 *E-mail Address: _____

REGISTRATION

I wish to register with the _____ Baseball Club.

(Tick appropriate box)

- I have never been a registered player of a Baseball club
 I have been/am currently registered with the following Club(s) during the past 4 years. (as listed below)

CLUB	ASSOCIATION/LEAGUE COMPETITION	SEASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that the information on this form is true and correct and I declare that I will abide by the Rules, Regulations By-laws and policies of the Association and affiliate body that exist from time to time. I am aware that a copy of these can be obtained from the Club Secretary for my perusal.

Applicant's Signature: _____ Date: _____

I declare that the applicant has been accepted as a member of the _____ Club.

Secretary: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN (IF PLAYER UNDER 18 YEARS)

I, (parent1) _____, and on behalf of (parent2) _____, being the parents/guardians of (child) _____ approve of him/her playing baseball with the _____ Baseball Club. We confirm that his/her date of birth is _____ . **We declare**

that the child of which we are parent/guardian will abide by the rules, regulations and policies of the Association and its affiliate that exist from time to time, a copy of which can be obtained from the club Secretary for our perusal.

SIGNATURE: _____ Date: _____

PRIVACY POLICY:

Your privacy is respected by us. Then 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 organizations 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.

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.

REGISTRATION PROCESSED BY:

My Club TCO Signature: _____ Printed Name: _____
 Date: _____

CLEARANCE

PERSONAL DETAILS (* denotes mandatory field)

*Surname: _____ *First Name: _____
 *Date of Birth: _____
 *Address: _____
 *Telephone: (Home) () _____ (Work) () _____ (Mobile) _____
 *E-mail Address: _____

CLEARANCE DETAILS

ORIGIN CLUB: _____	DESTINATION CLUB: _____
ASSOCIATION: _____	ASSOCIATION: _____
STATE: _____	STATE: _____

REASON FOR CLEARANCE

Applicant's Signature: _____ **Date:** _____

TO BE COMPLETED BY PARENT OR GUARDIAN (IF PLAYER UNDER 18 YEARS)

I, (parent1) _____, and on behalf of (parent2) _____, being the parents/guardians of (child) _____ approve of him/her playing baseball with the _____ Baseball Club. We confirm that his/her date of birth is _____. **We declare that the child of which we are parent/guardian will abide by the rules, regulations and policies of the Association and its affiliate that exist from time to time, a copy of which can be obtained from the club Secretary for our perusal.**

SIGNATURE: _____ **Date:** _____

ORIGIN CLUB

LETTER OF INTENT RECEIVED: YES / NO
PLAYER IS FINANCIAL: TRUE / FALSE
COMMITTEE HEARING DATE: _____
CLEARANCE: GRANTED / REFUSED
DATE: _____

ORIGIN ASSOCIATION

CLEARED BY CLUB: YES / NO
PLAYER IS FINANCIAL: TRUE / FALSE
OUTSTANDING SUSPENSIONS: YES/NO
CLEARANCE: GRANTED / REFUSED
DATE: _____

REASON FOR REFUSAL OF CLEARANCE

Club Office Bearer Signature: _____ **Printed Name:** _____
Date: _____

PLEASE NOTE: Clearance form must be returned to Baseball Victoria (BV) prior to participating in any competition grade. If this is a new registration, please insert details in the **MY CLUB** system within 72 hours after the player's first game. Any player that does not appear on **MY CLUB IS NOT** registered and must be entered into the system before playing another game. It is mandatory that clubs use the new Player Registration Form and keep the completed forms for their records. BV may request these forms at any time.