

# Berwick City Cougars Baseball Club Inc

## 2010/2011

Reg. No. A0038543U ABN 83050079090

### CLUB MEMBERSHIP APPLICATION

Surname \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Previous Member? Yes / No - (MUST complete VBA Rego form)

#### Parent/Guardian Details for Junior Players (Under 18)

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Emergency Contact Details (write 'as above' if appropriate for juniors)

Contact Name(s) \_\_\_\_\_

Contact Phone No.(s) \_\_\_\_\_

Medical Alert Details (Allergies etc.) \_\_\_\_\_

The Cougars are a family based club and requires your support to help keep costs down and make our club successful. You and your family's help would be appreciated in one or more of the following areas. Please indicate:  
Please note: A Working with Children Ceck must be completed for all Volunteers.

<input type="checkbox"/>	Coach	<input type="checkbox"/>	Canteen	<input type="checkbox"/>	First Aid
<input type="checkbox"/>	Team Manager	<input type="checkbox"/>	Grounds & Equipment	<input type="checkbox"/>	B.B.Q.'s etc.
<input type="checkbox"/>	Social/Fundraising	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Committee
<input type="checkbox"/>	Sponsor	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Umpire

#### Membership Type

Please tick both senior & relevant junior box if junior playing seniors as well

**Senior Mens**  
 **Senior Womens**  
 **Masters**

#### VBA Teams (Sunday)

**Under 18**  
 **Under 16**  
 **Under 14**  
 **Under 12**

#### Domestic Teams (Saturday)

**Under 12**  
 **TeeBall**

**Social Membership (Non playing)**

I certify that the details provided on this application are correct. I hereby release the Berwick City Cougars Baseball Club Inc., its officials, coaches or representatives from any claim, demand or proceeding or liability whatsoever arising directly or indirectly from any damage or injury suffered by a player which occurs during the course of or associated with the conduct of activities of the club. I hereby agree with these conditions and any Rules of the club including the relevant Code of Behavior. I hereby authorise Berwick City Cougars Baseball Club Inc. or its officials or representatives to provide or seek any medical treatment (including calling an ambulance) deemed necessary in the event of an injury to the player described on this form.

Player/Member \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(If under 18 Y.O.)

I DO NOT authorise the use of images of either myself (as the member) or my dependent (as the parent/guardian) to be used in any form of marketing or advertising of the club, either in print or on the Berwick City Cougars website without my specific written consent.

Office use only  
Loaded on My Club  /  /   
Registration Number   
Activated on My Club  /  /



**Berwick City**  
**Cougars**  
Baseball Club  
[www.berwickcitycougars.com](http://www.berwickcitycougars.com)