

Berwick City Cougars Baseball Club Inc

2011/2012

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**
- Juniors playing Senior**
- Masters**

VBA Teams (Sunday) Domestic Teams (Saturday)

- | | |
|--|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> Under 12 |
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> TeeBall |
| <input type="checkbox"/> Under 14 | |
| <input type="checkbox"/> Under 12 | |

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	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Registration Number	<input style="width: 100%;" type="text"/>
Activated on My Club	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

