

TEAM: _____

Registration Application

Penrith Baseball Club



ABN: 6120 411 400 • Ph: (0413) 909 093
http://www.penrithbaseballclub.com.au
P.O. Box 4028 • Penrith NSW 2750
penrithbaseballclub@hotmail.com

SEASON / COMPETITION: _____ YEAR START: _____

PERSONAL DETAILS:

SURNAME: _____ GIVEN NAMES: _____

D.O.B.: _____ PBC REGO #: _____ ABF REGO #: _____

EMAIL: _____

MOBILE: _____ HOME PHONE: _____

STREET: _____

SUBURB: _____ POST CODE: _____

GENDER: _____ THROWS: R / L BATS: R / S / L

OCCUPATION: _____ INDUSTRY: _____

UNDER 18: Y / N GUARDIAN / EMERGENCY CONTACT: _____ D.O.B.: _____

EMAIL: _____ MOBILE: _____

BASEBALL ACCREDITATIONS / QUALIFICATIONS

COACHING LEVEL: _____ ACCREDITATION #: _____ EXPIRY: _____

UMPIRING LEVEL: _____ ACCREDITATION #: _____ EXPIRY: _____

PRIVACY STATEMENT

THE 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 AFFILIATED BODIES SUCH AS BASEBALL NSW, THE ABF AND THE ABF'S INSURER.

YOUR INFORMATION MAY ALSO BE SHARED WITH ORGANISATIONS ASSOCIATED WITH THE SPORT OF BASEBALL, INCLUDING BUT NOT LIMITED TO THE AUSTRALIAN SPORTS COMMISSION AND ADSA. PENRITH BASEBALL CLUB INCORPORATED 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, DIRECTLY 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. PENRITH BASEBALL CLUB INCORPORATED AND THE ABF COMPLY WITH THE PRIVACY ACT WITH RESPECT TO 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 AND ATTENDING 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 MINIMIZE RISKS, IT IS NOT POSSIBLE TO ELIMINATE THEM ALL.

MEDICAL INSURANCE RECOMMENDATION

DETAILS OF INSURANCE COVERAGE CAN BE FOUND BY CONTACTING BASEBALL NSW OR ON THEIR WEBSITE: WWW.NSW.BASEBALL.COM.AU

IT IS RECOMMENDED THAT PLAYERS HAVE THEIR OWN PRIVATE HEALTH INSURANCE COVERAGE.

PLAYING HISTORY

PREVIOUS MEMBER OF PENRITH BASEBALL CLUB: Y / N PLAYED FOR OTHER CLUB IN LAST TWO SEASONS: Y / N

CLUB: _____ CLEARANCE RECEIVED: _____

SEASON	CLUB	COMPETITION	GRADE / AGE GROUP

REGISTRATION FEE: _____ DEPOSIT PAID: _____ DATE: _____ RECEIPT #: _____

FEES: ALL FEES ARE TO BE FINALISED BY ROUND 5 OF THE COMPETITION BEING REGISTERED FOR AT THE TOP OF THIS PAGE; THE EXECUTIVE COMMITTEE RESERVES THE RIGHT, UNDER SECTION 6.06 OF THE PENRITH BASEBALL CLUB CONSTITUTION, TO LIST NON-FINANCIAL MEMBERS AS DEFAULTERS.

A DEPOSIT OF \$100.00 MUST BE PAID PRIOR TO THE COMMENCEMENT OF THE SEASON TO BE ELIGIBLE TO TAKE THE FIELD FOR PENRITH.

*I DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND I DECLARE THAT I WILL ABIDE BY THE RULES, BY-LAWS AND POLICIES OF PENRITH BASEBALL CLUB THAT MAY CHANGE FROM TIME TO TIME. I AM AWARE THAT A COPY OF THESE CAN BE OBTAINED FROM THE CLUB SECRETARY FOR MY PERUSAL. I AM AWARE THAT FAILURE ON MY PART TO ABIDE BY THE REQUIREMENTS OF THE PENRITH BASEBALL CLUB CONSTITUTION COULD RENDER ME IN DEFAULT OR SUSPENSION. I AGREE TO FINALISE THE BALANCE OF MY FEES AS PER ABOVE, AND FAILURE TO DO SO WILL PLACE ME IN DEFAULT AND I SHALL NOT PARTICIPATE IN ANY FURTHER CLUB ACTIVITIES UNTIL MY MONIES HAVE BEEN PAID AS STATED IN THE CONSTITUTION.

*SIGNATURE: _____ PRINT NAME: _____ DATE: _____
(PARENT IF UNDER 18)

EXECUTIVE: _____ PRINT NAME: _____ DATE: _____