

Registration Form

2017/2018 Summer Season

Juniors & Seniors



Plumpton Braves Baseball Club

ABN 40 541 874 285

PO Box 62, Plumpton NSW 2761

www.plumptonbraves.com

info@plumptonbraves.com

Home Ground: Alroy Park (entrance off Bottles Rd)



Player Details

First Name: Last Name:

Home Address:

Suburb: Post Code:

Date of Birth: Age at December 31:

Male or Female (please circle)

Parent Guardian Contact Details (if player is under 18 years of age)

First Name: Last Name:

Home Address:

Suburb: Post Code:

Home Phone: Mobile:

Email:

Medical History

Please list any known allergies or pre existing injuries

(Please note all known allergies and pre-existing conditions that may affect the players performance)

Allergies: Injuries:

.....

Treatments/Medications:

Parent Guardian Name: Signature:



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Playing History

Previous member of Braves Baseball Club YES / NO (please circle)

How many Years of Service:

Have you ever played for another Club in the last three years? YES / NO (please circle)

If YES, name of previous Club:..... Season/Year:

If YES, name of previous Club:..... Season/Year:

Parent Participation (Officials)

Please indicate if you or a family member is interested in any of the following positions within the Club:

Team Manager (Coach) YES / NO Name & Mob:.....

Assistant Manager (Ass. Coach) YES / NO Name & Mob:.....

Scorer YES / NO Name & Mob:.....

Team EO (Executive Officer/Manager) YES / NO Name & Mob:.....

Umpire YES / NO Name & Mob:.....

A NUMBER OF OFFICIAL POSITIONS ABOVE REQUIRE SPECIFIC ACCREDITATION OR INDUCTION. PLEASE INDICATE YOUR INTEREST IN COMPLETING THE RELEVANT COURSES WHEN THEY BECOME AVAILABLE. Please tick this box

NOTE: All positions listed above must have a valid WWC number. This is a requirement of BNSW.

WWC Number:

Terms & Conditions

PRIOR PLAYING HISTORY/ CLEARANCE OF PRIOR DEBT ACKNOWLEDGEMENT:

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT ALL INFORMATION RELATING TO PARTICIPATION WITHIN THE SPORT FOR CLUBS OTHER THAN PLUMPTON BRAVES BASEBALL CLUB INC. HAVE BEEN CLEARLY NOTED ON THIS REGISTRAION FORM AND ALL MONIES OWING HAVE BEEN PAID - A CLEARANCE SHALL BE MADE AVAILABLE UPON REQUEST. PLUMPTON BRAVES BASEBALL CLUB. IS HEREBY REMOVED FROM ANY RESPONSIBILITY FOR FINALISING PRIOR MONIES OWING, ESPECIALLY WHERE NO MENTION IS LISTED ON THIS FORM, NOR SHALL PLUMPTON BRAVES BASEBALL CLUB. BE HELD LIABLE FOR ANY FEES OR PENALTIES CHARGED FOR OMITTING SUCH DETAILS.

PRIVACY STATEMENT

THE INFORMATION YOU PROVIDE IN THIS FORM WILL BE USED TO PROVIDE SERVICES FOR YOU FOR THE PURPOSE OF REGISTRATION, PARTICIPATION, TEAM SELECTION AND INSURANCE. IT WILL BE PASSED ONTO AFFILIATED BODIES, SUCH AS BASEBALL NSW, BASEBALL AUSTRALIA AND THEIR INSURERS.

YOUR INFORMATION MAY ALSO BE SHARED WITH ANY ORGANISATION ASSOCIATED WITH THE SPORT OF BASEBALL, INCLUDING BUT NOT LIMITED TO THE AUSTRALIAN SPORTS COMMISSION AND ASDA. PLUMPTON BRAVES BASEBALL CLUB AND BASEBALL AUSTRALIA MAY AT TIMES ASCERTAIN WHETHER OR NOT IT HAS SERVICES OR PRODUCTS THAT MAY MEET YOUR NEEDS AND NOTIFPLUMPTON



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BRAVESY YOU ABOUT THESE. WE WILL NOT, HOWEVER DIRECTLY SHARE YOU PERSONAL CONTACT DETAILS WITH ANY THIRD PARTY FOR THEIR COMMERCIAL USE.

IF YOU DO NOT PROVIDE ALL INFORMATION ON THIS FORM WE MAY NOT BE ABLE TO REGISTER YOU AS A MEMBER. PLUMPTON BRAVES BASEBALL CLUB. AND BASEBALL AUSTRALIA 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 REGISTRAR OR SECRETARY.

HIGH PERFORMANCE POLICY

PLEASE NOTE THAT PLUMPTON BRAVES BASEBALL CLUB BELIEVES THAT ALL PLAYERS SHOULD HAVE THE OPPORTUNITY TO REACH THEIR FULL POTENTIAL WITHIN THE SPORT. AS SUCH THE CLUB ADVISES THAT PLAYERS THAT HAVE BEEN IDENTIFIED AS HAVING A HIGH SKILL LEVEL (OR CLEAR POTENTIAL) SHALL BE REGISTERED IN THE HIGHEST GRADE AVAILABLE TO THEIR RESPECTIVE AGE GROUP/COMPETITION. THIS SHALL APPLY SPECIFICALLY, BUT NOT EXCLUSIVELY TO PLAYERS SELECTED IN REPRESENTATIVE SQUADS.

RISK WARNING

YOU SHOULD BE AWARE THAT THERE ARE RISKS OF INJURY ASSOCIATED WITH PLAYING AND ATTENDING BASEBALL, AS THERE ARE IN ALL SPORTS. RISK MAY 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.

MEDICAL INSURANCE RECOMMENDATION

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

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

REGISTRATION FEES

ALL ACTIVE MEMBERS INVOLVED WITH PLUMPTON BRAVES BASEBALL CLUB ARE LIABLE FOR PAYMENT OF REGISTRATION FEES. CLUB FEES REQUIRED WITH THIS REGISTRATION ARE SET BY THE EXECUTIVE AND DO NOT REFLECT A PRO RATA PARTICIPATION SCHEDULE; SIGNING THIS FORM ACKNOWLEDGES YOUR

UNDERSTANDING THAT YOUR PARTICIPATION WITHIN ANY COMPETITION FOR WHICH YOU ARE REGISTERING MAKES YOU LIABLE FOR ALL FEES OUTLINED. YOUR SIGNING OF THIS FORM ACKNOWLEDGES YOUR ADVICE AND ACCEPTANCE FROM PLUMPTON BRAVES BASEBALL CLUB OF ALL MONIES PAYABLE FOR YOUR REGISTRATION.

THE EXECUTIVE RESERVES THE RIGHT TO LIST WITH ALL ASSOCIATED ORGANISATIONS ANY NON-FINANCIAL MEMBERS AS DEFAULTERS. EXTERNAL DEBT COLLECTORS MAY BE USED TO COLLECT ALL MONIES OWING TO PLUMPTON BRAVES BASEBALL CLUB AND THE CREDIT RATING OF THE DEFAULTER MAY BE AFFECTED UNTIL ALL MONIES OWING ARE PAID IN FULL.

EXPOSURE CONSENT

PLUMPTON BRAVES MANAGE THEIR OWN WEBSITE AND PUBLICATIONS. YOU GIVE CONSENT FOR PLUMPTON BRAVE BASEBALL CLUB TO USE IMAGES OF YOU OR YOUR CHILD/GUARDIAN TO POST ON ALL TYPES OF MULTI MEDIA AND WEBSITE. MOST IMAGES DO NOT LIST PLAYERS NAMES. THE CLUB ACKNOWLEDGES THAT SOME IMAGES MAY BE POSTED WITHOUT CONSULTATION. PLEASE CONTACT THE CLUB IMMEDIATELY IF ANY IMAGE OF YOU OR YOUR CHILD/GUARDIAN IS POSTED THAT YOU WANT REMOVED, WHICH WILL BE DONE AT THE EARLIEST OPPORTUNITY THEREAFTER. BY SIGNING THIS FORM, YOU AGREE TO THESE TERMS.

DECLARATION

I DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT I WILL ABIDE BY THE RULES, BY-LAWS, CONSTITUTION AND POLICES OF PLUMPTON 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 PLUMPTON BRAVES BASEBALL CLUB CONSTITUTION COULD RENDER ME IN DEFAULT OR SUSPENSION. FAILURE TO FINALISE THE BALANCE OF MY REGISTRATION FEES WILL PLACE ME IN DEFAULT AND I WILL NOT PARTICIPATE IN ANY FURTHER CLUB ACTIVITIES UNTIL MY MONIES HAVE BEEN PAID IN FULL. I ALSO ACKNOWLEDGE THAT IT IS MY RESPONSIBLTY TO ENSURE THAT MY CONDUCT ON THE BASEBALL FIELD AND IN ANY SUPPORT OF PLUMPTON BRAVES BASEBALL CLUB TEAMS AND ACTIVITIES DOES NOT BRING THE CLUB OR SPORT INTO DISREPUTE AND I SHALL OBSERVE THE DIRECTIONS OF ALL OFFICIALS AND PARTICIPATE WITHIN THE GUIDELINES OF THE AUSTRALIAN SPORTS COMMISSION AND ANY OTHER GOVERNING BODIES "CODES OF BEHAVIOUR" AVAILABLE UPON REQUEST. I ALSO ACKNOWLEDGE THAT I HAVE READ THE TERMS & CONDITIONS ON THIS FORM AND ACCEPT THEM IN THEIR ENTIRETY.

Signature: **Print Name:**
(Parent or Guardian if under 18)

Date:



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REGISTRATION FEE PAYMENT SCHEDULE ACKNOWLEDGEMENT

I ACKNOWLEDGE MY UNDERSTANDING THAT I AM REQUIRED TO PAY A DEPOSIT TO PLUMPTON BRAVES BASEBALL CLUB INC. PRIOR TO THE PLAYER ON THIS REGISTRATION FORM TAKING THE FIELD IN THE SEASON/COMPETITION. I ACKNOWLEDGE MY UNDERSTANDING THAT ONCE THE PLAYER ON THIS FORM TAKES THE FIELD IN A SINGLE GAME THIS DEPOSIT BECOMES NON-REFUNDABLE AND FULL FEES ARE PAYABLE.

I ACKNOWLEDGE MY UNDERSTANDING THAT THE BALANCE OF THE REGISTRATION FEES OWING AFTER PAYING THE DEPOSIT ARE TO BE PAID TO PLUMPTON BRAVES BASEBALL CLUB. PRIOR TO THE START OF ROUND FOUR (4) OF THE SEASON/COMPETITION.

I ACKNOWLEDGE MY UNDERSTANDING THAT FAILURE TO MEET THESE REQUIREMENTS WILL RENDER ME INELIGIBLE TO TAKE PART IN ANY FURTHER GAMES INCLUDING ROUND FOUR UNTIL THE REGISTRATION FEES OWING ARE PAID IN FULL.

Signature: Print Name:
(Parent or Guardian if under 18)

Date:

EXECUTIVE OFFICER USE ONLY

COMPETITION: _____ TOTAL FEES PAYABLE: _____

DEPOSIT PAID: _____ PAYMENT METHOD USED: _____

RECEIPT NUMBER: _____ DATE: _____

EXECUTIVE OFFICER: _____ SIGNATURE: _____

THIS SECTION NEEDS WORK REGARDING UNIFORMS ORDERED AND PAYMENTS AND SIZES

EXECUTIVE OFFICER USE ONLY

UNIFORM INFORMATION

TRAINING SHIRT SIZE ECT

HAT

PANTS

SOCKS

BELTS