



Victorian
Provincial
Baseball
League Inc.

Office Use Only
Personal
Number:

REGISTRATION/CLEARANCE FORM

- NEW REGISTRATIONS - SECTIONS 1,2,3* & 5*
- CLEARANCES - SECTIONS 1,2,3*,4 & 5*

*ONLY APPLICABLE IF PLAYER IS UNDER 18 YEARS.

SUMMER WINTER SENIOR JUNIOR

SECTION 1 - PERSONAL DETAILS (* denotes mandatory field)

*Surname: _____ *First Name: _____

*Current Address: _____
 _____ *Postcode: _____

*Current Mail Address: _____

*Telephone: (Home) () _____ (Work) () _____ (Mobile) _____

Facsimile: () _____ *E-mail Address: _____

*Date of Birth: _____ Throws: R or L Bats: R or L or B Sex: Male / Female Non-National: Y / N

PRIVACY POLICY:

Your privacy is respected by us. 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 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 Association/League Administrator/Secretary

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.

SECTION 2 - 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/League 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: _____

**SECTION 3 - 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: _____

SECTION 4 - CLEARANCE DETAILS

I WISH TO APPLY FOR A CLEARANCE...

FROM: CLUB _____ ASSOC _____ STATE _____
TO: CLUB _____ ASSOC _____ STATE _____

My reasons are as follows: _____

I am a financial member? True / False

Applicant's Signature: _____ Date: _____

CLEARANCE: GRANTED / REFUSED

Club: _____ Secretary: _____ Date: _____

Reason for refusal of clearance: _____

Is the member financial: YES/NO If no, to what extent? \$ _____

SECTION 5 - PROOF OF AGE (IF PLAYER UNDER 18 YEARS)

"TO BE COMPLETED WHEN BIRTH CERTIFICATE OR STATUTORY DECLARATION DOES NOT
ACCOMPANY THIS FORM"

This is to certify that the date as shown above is correct according to school/employment records.

Signed _____
Sportsmaster/Headmaster/Employer

School _____
Please affix school or business stamp

PLEASE NOTE: New registrations and clearance forms must be returned to the Association Administrator/Secretary prior to participating in
any competition grade.

It is mandatory that clubs use the new Player Registration Form.