



SOUTHERN STARS BASEBALL CLUB INC  
PO BOX 917, BROWNS PLAINS QLD 4118  
CLUB HOUSE PHONE/FAX: 07 3809 2443

## Player Registration & Membership Application 2018/2019 Season

Registration forms must be completed and payment of registration fees must accompany completed form.

### Player Details

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency Contact Person

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_

I ..... wish to be registered as a playing member of the Southern Stars Baseball Club Inc for the 2018/2019 season.

In the event of injury or illness I agree that a representative of the Club may arrange transport to the nearest medical facility and if necessary arrange for medical treatment and I agree to accept full responsibility for any and all expenses incurred in same. I acknowledge that all care and responsibility will be taken by the Club to ensure the health and safety of members and I will not hold the Club or any representatives responsible for any injury incurred at games, training or while travelling to and from any Club activities.

**Club Registration fees** are to be paid **directly to the treasurer "up-front" at Sign On**. Alternatively a payment plan **MUST** be arranged with the Treasurer at Sign On. No player is permitted to train or play until the up-front sign on fee is paid. Weekly game fees of \$10.00 apply.

***I agree that my membership will automatically cease if the sign-on fee of \$400 is not paid in full by 31 August 2018, unless an alternative arrangement in contract format has been negotiated, agreed upon and recorded.***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical History Declaration

Known Allergies: \_\_\_\_\_

Requirements for allergies if urgent: \_\_\_\_\_

Known Illnesses: \_\_\_\_\_

Requirements medications required (please explain in case urgent medical attention is required)

Are there any pre-existing illnesses or conditions that may affect or impede this person from playing baseball>

## Office Use Only

Proof of age sighted: Yes / No

Registration Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Signature: \_\_\_\_\_

Master's & Senior player fees \$400.00 per year (plus \$10.00 weekly game fee)

Registration fees may be paid via EFTPOS, Direct Deposit to the following account:

BSB: 638-060

Account No.: 5822793

Account Name: Southern Stars Baseball Club

Cheques to be made out to Southern Stars Baseball Club

# VOLUNTEER AVAILABILITY FORM

Volunteers play a vital role in the success of the Southern Stars Baseball Club. All volunteers are welcome and thank you for your continued support.

## Contact Information

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_

Email: \_\_\_\_\_

## Please indicate which areas you are interested in volunteering

<input type="checkbox"/>	Canteen
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Team Manager
<input type="checkbox"/>	Assistant Coach

<input type="checkbox"/>	Working Bees
<input type="checkbox"/>	Bunnings BBQ
<input type="checkbox"/>	Scorer

## When are you available to volunteer?

<input type="checkbox"/>	Friday	AM / PM
<input type="checkbox"/>	Saturday	AM / PM
<input type="checkbox"/>	Sunday	AM / PM

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_