



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

Junior Player Registration Application 2018/2019 Season

Registration forms must be completed in full by Parent / Guardian for all junior players.

Player Details

Given Name: _____ Surname: _____ D.O.B: ____/____/____
Address: _____ Suburb: _____
Post Code: _____ Medicare No.: _____

Parent / Guardian Details

Given Name: _____ Surname: _____
Address: _____ Suburb: _____ Post Code: _____
Phone (H): _____ Phone (M): _____
Email: _____

I request that the child nominated above be registered as a playing member of the Southern Stars Baseball Club Inc for the 2018/2019 season at his/her own risk. I agree with the terms listed on the Player Registration form and that the information provided regarding his/her medical history is a true and accurate statement of his/her current health.

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 "up-front" at Sign On. Alternatively a payment plan MUST be arranged with the Treasurer at Sign On. I understand that failure to do so will mean my child will not be registered with the club and will not be permitted to play or train until such fees are paid.

NO PLAYER WILL BE PERMITTED TO TRAIN OR PLAY UNTIL ALL FEES HAVE BEEN PAID or A PAYMENT PLAN IS IN PLACE

Southern Stars Baseball Club Inc may take photographs, video or audio recordings of players during games and may display such images or recordings for promotional purposes on Social Media sites including the Southern Stars website, promotional material and publications including local newspapers.

I DO / DO NOT give permission for my child's photograph, video image or audio recordings to be used in the above manner to promote Southern Stars Baseball Club Inc

Name: _____ Signature: _____ Date: _____

Medical History Declaration

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

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

Trophies / Club Photos

How would you like your child's name to appear on Club Trophies and Photos?

How did you hear about Southern Stars Baseball Club?

Office Use Only

Proof of age sighted: Yes / No

Registration Paid: ____/____/____ Receipt Number: _____

Received By: _____ Signature: _____

Registration Fees (\$5.00 Game fee for all Junior players)

Under 8's: \$175.00	Under 10's: \$250.00	Under 12's: \$300.00
Under 14's: \$320.00	Under 16's: \$340.00	Under 20's: \$360.00

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

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
<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: _____
