



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

Player Registration & Membership Application GBL Women Short Season 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 GBL short women's baseball 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 \$5.00 apply.

I agree that my membership will automatically cease if the sign-on fee of \$150 is not paid in full by 30 September 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: _____

Jersey \$66.00 Size: _____ Number: _____ Name: _____

Club cap \$20.00

Women's player fees \$150.00 short 8 week season (plus \$5.00 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: _____

