

REGISTRATION FORM

Mandatory Fields are notated with an asterix (*)

PERSONAL INFORMATION

Salutation: _____ *First Name: _____ Preferred: _____

*Last Name: _____ Maiden Name: _____

*Gender: _____ *Date of Birth: _____

CONTACT DETAILS

*Address: _____

_____ *Suburb: _____ *Postcode: _____

Phone (H): _____ Phone (M): _____

*Email Address: _____

REGISTRATION

*Registering as: Sub-Junior Junior Senior Official Off Diamond Casual

EMERGENCY CONTACT DETAILS

Please provide Emergency Contact details in full.

*Name: _____ *Number: _____

*Relationship: _____

ABORIGINAL, TORRES STRAIT, or BOTH ORIGIN

Are you of Aboriginal, Torres Strait Islander or Both in Origin? (tick all that apply)

Aboriginal Torres-Strait Islander

MEDICAL INFORMATION

Please provide any pertinent medical information for the person being registered.

Any Medical Conditions?: Yes No

Any Allergies: Yes No

Allow Medical Treatment: Yes No

Medical Notes: _____

DEMOGRAPHICS

To assist us in understanding the demographics of our State and National membership, please complete the following questions. This information will only be used in aggregated form and shown without any Personally Identifiable information.

What is your current employment status?: _____

What is your current occupation?: _____

What is your current level of education?: _____

PHOTO APPROVAL

I give permissions for my (my child's) photo and/or name to be published in official programs, newsletters and websites.

*Photo Use Approval: Yes No

TERMS AND CONDITIONS

DECLARATION 1

Conditions of being a Member of Softball Australia and its Affiliated States, Association and Clubs

1) I agree to abide by all the rules, regulations and policies of Softball Australia and the relevant State body, Association and/or club; including Codes of Conduct or Ethics, Member Protection, Social Media and Zero Tolerance Policies.

2) I authorise Softball Australia and its Affiliated States, Associations and Clubs to use and disclose, to related and relevant bodies, any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name and results published in official programs, newsletters and websites unless I have specifically indicated not to.

3) Softball Australia National Insurance Programme.

(Please note that this declaration is for all members in all states who participate in the Softball Australia National Insurance Programme. That is all States EXCLUDING NSW. NSW members needing information on their insurance coverage please contact your state office for details)

a. I understand that all States that participate in the Softball Australia National Insurance Programme, and their affiliated Associations and Clubs, have \$20 million public liability insurance cover.

b. I fully understand that the Softball Australia National Insurance Programme includes a limited level of cover in the event of Personal Injury. I understand that only NON-MEDICARE medical expenses can be claimed. If the medical service provided is eligible for a Medicare rebate of any value, any resultant GAP in costs is not able to be covered by the Softball Australia policy due to current Commonwealth Legislation. For further information on the insurance cover available refer to JLT Sport on 1300 373 130

4) I warrant that all information provided is true and accurate.

I have read, understood, acknowledge and agree to the above declaration.

DECLARATION 2

Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)

Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.

I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.

I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behaviour and agree to personally accept the conditions set out in the membership application and declaration.

I understand that by registering I have agreed to the Terms and Conditions of participation.

Full Name: _____ Signature: _____

Date: _____

Yes, I would like to receive communications from my local club, Association, state body, Softball Australia and on behalf of their selected partners in accordance with the Softball Australia Privacy Policy available at <http://softball.org.au/extra.asp?ID=19499>.