



BASEBALL WA SENIOR REGISTRATION / CLEARANCE FORM

This form is to be completed by all players who wish to request a club clearance.

GIVEN NAME: _____ SURNAME _____

DATE of BIRTH: ____ / ____ / ____

GENDER: MALE FEMALE

ADDRESS: _____

SUBURB or TOWN: _____ POSTCODE: _____

PH: (Mob) _____ (H) _____ (W) _____

EMAIL: _____

ARE YOU AN AUSTRALIAN CITIZEN? YES NO IF "NO", TYPE OF VISA: PERM TEMP

CLEARANCE DETAILS (if applicable)

FORMER CLUB: _____

REASON FOR CLEARANCE: _____

FORMER CLUB Registrars Name _____ Signature _____ Date ____ / ____ / 20 ____

Please Circle as applicable - The above player has been **GRANTED / REFUSED** Transfer by former the Club

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 risk, it is not possible to eliminate them all.

PARTICIPATION AGREEMENT:

I, the undersigned, in consideration of BWA and the ABF agreeing to register me as a participant in sanctioned competition hereby:

- Undertake to be bound by the laws of the game of baseball and the rules and regulations of BWA and the ABF and to pay all requisite fees and subscriptions by the date specified by my club;
- Agree to be bound by any codes of conduct or policies as may be promulgated by BWA and the ABF from time to time and in particular agree to abide by published BWA policies pertaining to Harassment Free Baseball, Anti-Vilification, Infectious Diseases and protocols relating to the serving and consumption of alcohol;
- Acknowledge that refusal to provide a sample for drug testing incurs the same sanctions as the return of a positive test result. I am aware that copies of the relevant by-laws are available upon request from either BWA or the ABF;
- Acknowledge that I am aware that in order to keep insurance premiums and therefore playing fees to a minimum that the national Insurance scheme covers public liability and catastrophic injury situations only and that I can find policy details at the BWA website.

Player Signature X _____ DATE: ____ / ____ / 20 ____

ACCEPTED FOR AND BEHALF OF BWA BY THE REGISTRAR / SECRETARY (delete as applicable)

of the _____ BASEBALL CLUB

NAME _____ SIGNATURE: _____ DATE: ____ / ____ / 20 ____

PRIVACY STATEMENT:

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 ABF and to the ABF's insurer.

Your information may also be shared with organisations 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 our privacy officer.

Office use only Date Rec'd: ____ / ____ / 20 ____

By: _____

ABF Member No. _____