

Season: _____ Divisions: Seniors _____

Name: _____ D.O.B: _____

Address: _____

P: _____ **M:** _____ **EMAIL:** _____

New Player: Y / N _____ Occupation: _____

Clearance Required: Y / N _____ Previous Registered Club: _____ Year: _____

How did you hear about the club: Current Player / Newspaper / Online / Other: _____

MEDICAL INFORMATION:

Are there any medical / physical conditions we need to be aware of? Y / N If yes please advise:

Conditions: _____

This information will be given to the Coach / Manager of your team.

ACCREDITATION LEVELS:

It is hereby acknowledged that Accreditation / Level is held for:

Coaching: _____ Umpiring: _____ Scoring: _____

Date: _____ Date: _____ Date: _____

VOLUNTEERING:

To keep participation affordable, we need all players / players families to volunteer at the club. Please indicate your preferred area of volunteering:

Canteen _____ Coaching _____ Team Manager _____ Umpiring _____

Scoring _____ Administration _____ Fund-raising _____ Maintenance _____

Bunnings BBQ _____ Blue Card No: _____ Application to be sent: Y / N _____

COMMITTEE:

Our club committee is a team of dedicated players / parents and we would welcome you to consider being part of our committee. Please advise if you would like to discuss further: Y / N

TERMS AND CONDITIONS: 1. I HEREBY GIVE MY PERMISSION FOR A REPRESENTATIVE OF COOMERA CUBS BASEBALL CLUB INC. (CCBC) / GOLD COAST BASEBALL ASSOCIATION (GCBA) / BASEBALL QUEENSLAND (BQ) TO TAKE MY CHILD TO THE NEAREST DOCTOR IN CASE OF INJURY OR ACCIDENT. 2. I AGREE TO WAIVE ANY CLAIM AGAINST THESE REPRESENTATIVES ARISING FROM INJURIES SUSTAINED IN PARTICIPATION OF THE GAME OR USE OF EQUIPMENT AND FACILITIES. **RISK WARNING:** 1. YOU SHOULD BE AWARE THAT THERE ARE RISKS OF INJURY ASSOCIATED WITH PLAYING BASEBALL, AS THERE ARE WITH ALL SPORTS. RISKS WILL ARISE IN THE CONTEXT OF THESE ACTIVITIES OF BATTING, PITCHING, CATCHING AND RUNNING. 2. WHILE WE AIM TO MINIMISE THESE RISKS, IT IS NOT POSSIBLE TO ELIMINATE THEM ALL. 3. ALL INSURANCES APPLICABLE TO THE MEMBERSHIP ARE IN EFFECT ONLY ON RECEIPT OF ALL FEES DUE. THEREFORE; NO PLAYER CAN TAKE THE FIELD UNTIL DEPOSIT AND PAYMENT SCHEDULE RECEIVED. **PRIVACY STATEMENT:** 1. CCBC RESPECTS YOUR PRIVACY. 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. 2. IT WILL BE PASSED ON TO THE AUSTRALIAN BASEBALL FEDERATION (ABF) AND TO THE ABF'S INSURER. 3. 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 AND DRUG AGENCY. 4. CCBC 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 DETAILS WITH ANY THIRD PARTY FOR COMMERCIAL USE. 5. IF YOU DO NOT PROVIDE THE INFORMATION WE MAY NOT BE ABLE TO REGISTER YOU AS A MEMBER. 6. CCBC 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. INFO@COOMERACUBS.COM **PHOTOGRAPHIC IMAGES:** 1. I GIVE PERMISSION FOR THE CCBC AND ITS ASSOCIATES TO PUBLISH BASEBALL RELATED PHOTOGRAPHS AND/OR ELECTRONIC MEDIA OF MYSELF/MY CHILD FOR THE PURPOSE OF PROMOTING THE GAME OF BASEBALL. **CODE OF CONDUCT:** 1. I, THE PLAYER, PARENT/GUARDIAN, VOLUNTEER AGREE TO SHOW AND DISPLAY GOOD CONDUCT PRACTICE AND FIXTURE GAMES AND WHILST ON/IN CCBC PREMISES. 2. I SHALL DEMONSTRATE SUPPORT OF CCBC, ITS SPONSORS AND THE SPORT OF BASEBALL. 3. I UNDERSTAND FOUL LANGUAGE OR BAD CONDUCT OF ANY SORT BY MEMBERS WILL NOT BE TOLERATED BY THE CCBC. 4. I UNDERSTAND THAT I, THE MEMBER, WILL BE PLACED BEFORE THE COMMITTEE FOR DISCIPLINARY ACTION WHEN THESE INFRINGEMENTS OCCUR, IF CCBC DEEMS IT NECESSARY.

ONCE COMPLETED EMAIL TO: REGISTRAR@COOMERACUBS.COM



I HEREBY APPLY FOR MEMBERSHIP OF THE GOLD COAST BASEBALL ASSOCIATION INC. (GCBA) AND THE COOMERA CUBS BASEBALL CLUB INC. 1: I HEREBY UNDERTAKE TO BE BOUND BY THE CODE OF ETHICS, BY-LAWS AND CONDITIONS AS LAID DOWN BY THE ABF, BQI, GCBA, AUSTRALIAN SPORTS COMMISSION AND THE COOMERA CUBS BASEBALL CLUB INC. AND ACKNOWLEDGE THAT MY MEMBERSHIP MAY BE REVOKED, SUSPENDED OR RESTRICTED FOR FAILURE TO ADHERE TO THESE CONDITIONS. I CONFIRM THAT I HAVE READ AND UNDERSTOOD THESE TERMS AND CONDITIONS OUTLINED IN THIS FORM AND ON THE COOMERA CUBS BASEBALL CLUB WEBSITE:WWW.COOMERA.BASEBALL.COM.AU. **2:** I DECLARE THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND ACKNOWLEDGE THAT THIS DECLARATION AND REGISTRATION REMAINS IN FORCE UNTIL WRITTEN NOTIFICATION IS FORWARDED TO EITHER PARTY IN ALTERATION, RESTRICTION OR CANCELLATION OF MY MEMBERSHIP. **3:** I ACKNOWLEDGE THAT UPON SUBMISSION OF THIS FORM, CERTAIN FEES ARE PAID BY THE CLUB TO GCBA AND BQI AND ARE THEREFORE NON-REFUNDABLE TO THE CLUB OR PLAYER; **4:** I THEREFORE UNDERSTAND THAT CLUB MEMBERSHIP FEES ARE DUE AND PAYABLE ONCE THIS FORM IS SIGNED AND I PROMISE TO PAY ALL MEMBERSHIP FEES AS SET BY THE CLUB. **FAILURE TO PAY OUTSTANDING FEES MAY RESULT IN LEGAL ACTION AND/OR BLACKLISTING.**

PLAYERS SIGNATURE: _____

DATE: _____

OFFICE USE ONLY:

UPDATED MYCLUB

MADE CURRENT

UPDATED SQUAD

FEES + UNIFORM ORDER FORM:

PLAYER FEES:	DIVISION:		PRICE:	TOTAL:
Season Fees			\$	
UNIFORM ITEMS SENIORS:	SIZE:	QTY:	PRICE:	
Playing Shirt			\$100	
Pants – Fitted			\$65	
Cap – New Era 5950			\$35	
Belts			\$15	
Socks			\$15	
SUPPORTER MERCHANDISE:	SIZE:	QTY:	PRICE:	
Jacket with Cubs Logo			\$100	
Club Hoodie			\$55	
Club Supporters Polo			\$40	
Club T-Shirt			\$30	
Club Supporters Jersey – Mesh (Black/Grey/Teal/Purple)			\$85	
Batting Gloves			\$25	
			SUB TOTAL:	\$

Total Amount: \$	Paid/Deposit: \$	Remaining: \$	Receipt No:	Date:
Balance paid by:	EFTPOS	Credit Card	EFT / DDR	CASH