



INCORPORATING
TEEBALL BASEBALL SOFTBALL

REGISTRATION FORM

All correspondence to Club Treasurer - P.O. Box 148 Greenwood 6024

| CLUB USE ONLY | |
|---------------|-----|
| RECEIPT # | |
| DATE: | / / |
| FEE PAID | \$ |
| REGISTERED | / / |
| TEAM No | |

Please complete **all** sections of this form in block letters.
A parent or guardian must sign this form before the player is registered with the Club.

TEEBALL

| | | | |
|--|--------------------------------|-----------------------------------|-------------------------------------|
| Surname: | | Sex M/F: <input type="checkbox"/> | Age Group: <input type="checkbox"/> |
| Given Names: | | Phone Number: | |
| Address: | Suburb: | Postcode: | |
| Date of Birth: | Birth Certificate No: | | |
| Last Year's Team: | School: (if applicable) | | |
| Father/Guardian1: | Mother/Guardian2: | | |
| Player preferences: (Indicate names of children your child wishes to play with – see Club policy for team selection criteria) | Other Comments: | | |
| | | | |
| | | | |
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I, the undersigned parent /guardian of _____, wish my child to play Teeball with the Carine Cats Ball Club (Inc). I acknowledge there is a risk that my child may suffer injury during the course of training or playing Teeball. In consideration of your enrolling my said child with your Club I hereby indemnify and agree to forever hold harmless, the Club, its executives, its coaches, umpires, managers and officials against all claims and demands as may be made by me or any other guardian of my said child arising out of any injury my said child may suffer during the course of training or playing Teeball with your Club.

Parent/Guardian Signature _____ Dated _____

Are you a sponsor for a team? YES/NO Sponsor's Name: _____

Please indicate (circle) where you will help with the following:

(Your assistance does not mean you are necessarily required to attend meetings).

SPONSORSHIP GROUND MARKING UNIFORMS PROPERTY COMMITTEE

Please indicate (circle) your willingness to assist your team with any of the following team positions:

COACH MANAGER UMPIRE SCORER Name of Volunteer: _____

I PREFER TO RECEIVE NEWSLETTERS AND UPDATES VIA EMAIL? YES/NO (Please Circle Preference)

| | |
|----------------------|--|
| EMAIL ADDRESS | |
|----------------------|--|

If fees are not paid in full prior to team allocation – your child will NOT be allocated to a team – NO PAY / NO PLAY