



REGISTRATION FORM

2009/2010

CHILDS NAME: _____

ADDRESS: _____

POSTAL ADDRESS: (If Different To Above) _____

PHONE #: Home: _____ **Mobile:** _____

EMAIL ADDRESS: _____

MALE: _____ **FEMALE:** _____

D.O.B: _____ **YEAR LEVEL AT SCHOOL:** _____

SCHOOL NAME: _____

NAME OF LAST YEARS TEAM: _____

TEEBALL GRADE:

- **PEEWEEES:** _____ (Kindy)
- **JUNIORS:** _____ (Pre Primary/Year 1)
- **INTERS:** _____ (Year2/Year 3/ Year 4)
- **SENIORS:** _____ (Year 5/ Year 6/ Year 7)

PARENT/GUARDIAN'S DETAILS

MOTHER/GUARDIAN:

NAME: _____

ADDRESS: _____

PHONE #: Home: _____ **Mobile:** _____

EMAIL ADDRESS: _____

FATHER/GUARDIAN: _____

NAME: _____

ADDRESS: _____

PHONE#: Home: _____ **Mobile:** _____

EMAIL ADDRESS: _____

MEDICAL CONDITIONS: (Please supply details of any medical requirements/conditions your child has, ie: asthma, bee allergy, ADHA etc. These details are in strict confidence and will not prevent your child from participating in Teeball)

IN CASE OF EMERGENCY: (Contact other than parent or guardian)

1:Name: _____ **Phone #** _____

2: Name: _____ **Phone #:** _____

PUBLICITY (Please indicate your preferred option)

- I give permission to the ROCKINGHAM RAPTORS TEEBALL ASSOCIATION (INC) to use my child's photograph for publicity purposes.
- I do not want my child's photograph to be used for publicity purposes.

AMBULANCE COVER:

In the event of a serious injury for which a player requires transportation via ambulance to hospital, the ROCKINGHAM RAPTORS TEEBALL ASSOCIATION (INC) insurance policy **does not cover** the cost of the ambulance.

I have read and understand the policy regarding ambulance cover.

Parent/ Guardian: _____

PARENT REQUIREMENTS:

All parents are required to **HELP** on game days by either SCORING, BASE /PLATE UMPIRING, TEAM MANAGER, CANTEEN DUTIES

CHILDREN ARE NOT TO BE LEFT UNATTENDED EITHER AT TRAINING OR DURING THE GAME ON SATURDAY

- INTERESTED IN ATTENDING A COACHING CLINIC**
- INTERESTED IN ASSISTANT COACHING**
- INTERESTED IN ATTENDING A PLATE UMPIRING COARSE**

SIGNED: _____

DATE: _____

BIRTH CERTIFICATE/PASSPORT #: _____

PAYABLE FEE: _____

RECEIPT #: _____

DATE: _____