

PLAYER REGISTRATION FORM

Email completed form to: craigieburnsoftball@gmail.com
Deposit Registration Fees into the following bank account:BSB: 633000 Acc: 149971830 Acc Name: Craigieburn Softball Club Inc.
Note: Include your initial and surname in the transaction description.

OFFICE USE ONLY					
Jumper No:					
Jumper Name:					
Birth Cert/DL:					

Personal Details									
Player Name:		Date of Birth:	1		1				
Parent/Guardian Name (Junior Players):									
Address: Postcode:									
Contact Numbers: Home:	Contact Numbers: Home: Mobile:								
Email:									
Medical & Emergency Contact Information (☑ Applicable ☑ Not Applicable)									
Name of the person to be contacted in case of injury:									
Relationship to Player:									
Contact Numbers: Home:	Bu	siness:	Mobile:						
The disclosure of the following information is completely voluntary and if provided will be divulged only to your Coach or Team Official for assistance with any medical emergency occurring during the season including training, warm up or playing softball on scheduled game days. I give permission to call an ambulance in an emergency: YES NO Medicare No.: Doctor Name: Doctor Phone: Is there a medical condition you or your child suffers, including allergies, the Club should be aware of? YES NO If YES, please state type of Condition/Allergy?									
Additional Information: (☑ Applicable ☒ Not Applicable)									
What are your preferred positions (if any):	1.	2.		3.					
Have you or your child played before for any other club? ☐ YES ☐ NO									
If YES then please complete the following:- Year last played:									
Name of the Club:		Name of the Association (if known):							
Uniform Sizes: Top:	Pants	: Socks:							
I authorise Craigieburn Softball Club to use of my/my child's/ward's image/photo for the sole purpose of promoting the game of Softball and the Craigieburn Softball Club: YES NO									
I (name/parent/guardian name)									