S. A. WINTER BASEBALL ASSOCIATION INC.



TO ALL WINTERBALL CLUB CONTACTS / SECRETARIES

Registration of Participants/ Members

Please note that legal problems could arise as a result of this Association not having a current register of all our members/participants, complete with their specific details - in particular in relation to insurance and/or legal matters; as well as for our own administrative purposes.

Accordingly, please find attached the new Player Registration Form.

Please organise sufficient copies for each of your players and club officials; including all coaches, scorers and umpires (including any League [BUASA] umpires officiating for your club).

It is **essential that all applicable details are supplied.** Please refer your members to the **Privacy Statement** at the bottom of the Registration Form.

This Registration Form is based on a similar form used by the South Australian Baseball League (with whom this Association is affiliated); and may be shared with that League and the Australian Baseball Federation for the purpose of cross-checking and streamlining our activities – particularly in relation to insurance and/or legal matters.

You should be aware that Baseball SA is the body ultimately responsible for all organised Baseball activities in SA - likewise, the ABF is ultimately responsible for all Baseball activities in Australia.

A Participant/Member registration must be completed for all players, scorers and umpires at the commencement of the season prior to commencement of playing in a team and forwarded to SAWBA on the next business day.

Note: For the benefit of any of your members who might enquire, the insurance cover currently held by this Association relates specifically to the statutory cover required (by law) to be taken out by all bodies involved with any form of public participation in sporting, or similar, activities.

The principal protection provided is against possible Public Liability claims and with an associated limited Personal Accident cover – particularly related to long-term disabilities.

Members must agree to cover themselves for any medical treatment and transportation costs that may arise from any personal injuries sustained by them resulting from participating in baseball games – including both training and at matches. Please bring to the attention of the members the **Risk Warning** at the bottom of the Registration Form.

Please arrange for the **completed forms to be returned urgently to SAWBA Secretary**, e-mailed to **sawinterbaseball@hotmail.com**

Forms should be returned in bulk by the Club (or Team) rather than individually, as they need to be countersigned by your secretary/coordinator. We recommend that a copy be kept for your Club records.

Please feel free to communicate with the writer, at any time if there are any queries or concerns.

Also do not use nick-names and/or first names only on team sheets. Surnames together with at least initials (preferably a given name) must be supplied and recorded on the team sheet and in the scorebook at all games. In the event of any form of claim (insurance or otherwise) these details are essential.

We thank you for your assistance in this matter.

SAWBA Secretary - on behalf of the Committee.

Email: sawinterbaseball@hotmail.com



SAWBA PLAYER REGISTRATION FORM

(Please print all details in black or blue pen)

Note: Information supplied on this form is required for legal and administrative purposes only - refer Privacy Statement

WINTERBALL Club / Team:		
Member's Existing Statutory	nsurance Cover (tick the appropriate box and provide detail)	
	eason): Player Rego No	
	urrent member) : □	
None (will be covered by SAWE		
Trone (will be develed by error	/(Togotiation) . I	
PERSONAL Male □ Fema	ıle □ Date of Birth:/	
Surname:	Given Names:	
	Post Code:	
Phone:	Mobile:	
Email:		
Do you have any medical cond	rions? Yes □ No □ (If yes please provide details)	
Emergency Contact and Phone	No:	- -
SAWBA Member Type Pla	yer □ Coach □ Scorer □ Umpire □ Club Official □	
Accreditation Level	Season Year 20	
Accreditation Level	Season Year 20	
	Season Year 20 quired for Players under 18 years at the start of the season)	
Parent/Guardian Approval (re		
Parent/Guardian Approval (re	quired for Players under 18 years at the start of the season)	_
Parent/Guardian Approval (re Surname: Phone:	quired for Players under 18 years at the start of the season) Given Names:	
Parent/Guardian Approval (re Surname: Phone:	quired for Players under 18 years at the start of the season) Given Names: Mobile:	<u></u>
Parent/Guardian Approval (re Surname: Phone:	quired for Players under 18 years at the start of the season) Given Names: Mobile:	<u></u>
Parent/Guardian Approval (re Surname: Phone:	quired for Players under 18 years at the start of the season) Given Names: Mobile:	- - -
Parent/Guardian Approval (results) Surname: Phone: Address if different from above: PLAYER REGISTRATION and Participation in all activities conducted I the undersigned agree to be legal any and all rights and claims for dealer that the information above entered into the National Baseball I attest that I have a level of physic baseball games. I agree to pay for any medical treatme.	Given Names: Mobile:Mobil	-
Parent/Guardian Approval (results) Surname: Phone: Address if different from above: PLAYER REGISTRATION and Participation in all activities conducted I the undersigned agree to be legal any and all rights and claims for declare that the information above entered into the National Baseball entered into the National Baseball I attest that I have a level of physic baseball games. I agree to pay for any medical treame. I acknowledge that I have read, ure I have read the Risk Warning and	Given Names: Mobile:Mobil	-

Please see over page for Privacy and Risk Statements and return form to SAWBA Secretary:

PRVACY 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 Australian Baseball Federation (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 wish to provide you with special offers from time to time. If you do not wish to receive this additional information, please tick this box [box here]. 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 or the ABF's Privacy Officer.

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 risks, it is not possible to eliminate them all.