



HAWKS FASTPITCH SOFTBALL CLUB SEASON 2019/20 REGISTRATION FORM

Player Name:..... DOB:.....

Address:.....

Suburb:..... Post Code:.....

Parent/Guardian Name (if under 18):.....

Contact Number:.....

Email:.....

Medical Conditions:.....

Player/Member Level (please tick all applicable):

Under 13

Under 17

Senior Women

Senior Men

Other (e.g. coach, scorer, umpire)

Specify:.....

LEGAL WAIVER (please read and sign)

I hereby waive and release the Hawks Fastpitch Softball Club and its representatives, coaches, officials, committee and sponsors from any claim or actions from any injury, which might be received by my child or myself during any softball activities. I certify the above mentioned date of birth is correct and I am willing to provide proof if necessary.

Signature:..... Date:.....

PHOTO RELEASE (please read and sign)

I hereby consent to the use, reproduction, editing and/or broadcast by Hawks Fastpitch Softball Club of any and all photographs, video recordings and audio recordings of my child or myself taken by or on behalf of Hawks Fastpitch Softball Club without compensation to me.

Signature:..... Date:.....