REGISTRATION FEE $100

Payment Details: .....

.....

Payment Date: .....

GLENELG REBELS SOFTBALL CLUB INCORPORATED

PO Box 10, Oaklands Park SA 5046

JUNIORS (under 18)

2020/21 REGISTRATION FORM

Player Information - Junior

Name: ..... Date of Birth: .....

Address: .....

School attended (new players only): .....

Phone: ..... Mobile: .....

Parent /Caregiver Email: .....

Emergency Contact (in order)

	Name:	Relationship:	Phone:
1.	.....	.....	.....
2.	.....	.....	.....

Playing Consent

I consent to my child's taking part in practices and matches organised by Glenelg Rebels Softball Club Inc. and I understand that I am responsible for transporting my child to and from training and matches.

....

Signed Relationship to player Date

Volunteer Duties

Glenelg Softball club is managed by a voluntary committee. Please indicate your preferred area to assist the club this season:

Grounds duties: (West Beach) ☐ **Club Marion (raffle nights)** ☐ **Fundraising (eg BBQ's):** ☐

Codes of Behaviour (please tick box)

I acknowledge and/or have read the Glenelg Rebels Softball Club Codes of Behaviour and understand these are available on the club website for review at any time. ☐

Website, Social Media Newsletter and Flyer Consent

I consent to my child's name and image being used on the Glenelg Rebels Softball Club Inc webpage, Facebook, in their newsletters & flyers. Yes ☐ No ☐

....

Signed Relationship to player Date

The above information provided to the Glenelg Rebels Softball Club Incorporated is intended to provide information as to past and present medical conditions, as well as emergency contact information. This information may be provided to medical personnel, sports trainers, club officials, professional advisers, but will not be used for promotional purposes.

GLENELG REBELS SOFTBALL CLUB INCORPORATED

PO Box 10, Oaklands Park SA 5046

JUNIORS (under 18)

2020/21 MEDICAL FORM

Player Information - Junior

Name: ..... Date of Birth: .....

Address: .....

Phone: ..... Mobile: .....

Parent /Caregiver Email: .....

Health Care Details

Doctor / Medical Clinic: .....

Phone: .....

Private Insurance Fund: .....

Medicare Number: .....

Ambulance Cover: Yes ☐ No ☐

If your child has any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your Doctor prior to participating in sport.

Does your child have any conditions that you, in consultation with your Doctor, consider appropriate to notify the Club, eg previous injuries, medical conditions, allergies (food or other) etc?

.....

.....

If your child requires any medication, please supply details:

.....

.....

Medication Consent

I understand that if my child requires pain relief during a trip or carnival, it will be administered under the supervision of the Team Manager or tournament official.

....

Signed Relationship to player Date

Ambulance Consent

I understand that in case of a serious accident and none of the above contact people are available, my child may be transported to a hospital by ambulance. I am aware that any costs involved for this and any medical treatment will be payable by me.

....

Signed Relationship to player Date

The above information provided to the Glenelg Rebels Softball Club Incorporated is intended to provide information as to past and present medical conditions, as well as emergency contact information. This information may be provided to medical personnel, sports trainers, club officials, professional advisers, but will not be used for promotional purposes.