

S. A. WINTER BASEBALL ASSOCIATION INC.

Secretary: Ryan Barmby, 22 TRENOWETH CLOSE, GREENWITH SA 5125

Phone: 0401 248 352 Email: sawinterbaseball@hotmail.com

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.

The Committee of this Association is currently engaged in discussions with the SABL with the view to generating a more workable relationship between the two bodies, which we believe should be to our mutual benefit. You should be aware that the SABL is the body ultimately responsible for all organised Baseball activities in SA - likewise, the ABF is ultimately responsible for all Baseball activities in Australia.

This registration will not incur any additional costs to the Winter Clubs/Teams or their members - in fact we understand it is possible there may be some savings to be achieved in future seasons.

A new 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 within the first 2 weeks of the competition.

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** , at either:

- ◇ postal address above or
- ◇ 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 knick-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.

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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**
(or Team): _____

◇ **SURNAME:** _____ **GIVEN NAMES:** _____

◇ **POSTAL ADDRESS: Street:** _____
Suburb/Town: _____ **Post Code:** _____

◇ **Phone/s:** (Home): _____ (Mobile): _____
(Work): _____

E-mail: _____

◇ **PERSONAL: Gender:** Male Female **Date of Birth:** _____ / _____ / _____
Tick one Day Month Year

Member's Existing Statutory Insurance Cover:(If applicable)

Did you play for a SABL Club last season if so which club (If applicable): _____

Are you a member of University Sports Assoc this year if so which University (If applicable): _____

◇ **YOUTH PLAYERS:** (The following additional information is only required if the player is under 18 years of age)

◇ **Parent(S)/Guardian(S):**

Surname: _____ **Given Names:** _____

Contact numbers (if different from above): _____

◇ **Member Registration Type:** _____ **Accreditation Level:** _____

(Please nominate multiple areas if applicable e.g. Player, Umpire, Scorer, Club Official, L/M)

PLAYER REGISTRATION AGREEMENT

Participation in all activities conducted by the S.A. Winter Baseball Association Inc. is subject to the following conditions:

- ◇ I the undersigned agree to be legally bound for myself, my heirs, executors and administrators, and hereby waive and release any and all rights and claims for damages I may have against the S.A. Winter Baseball Association Inc. (SAWBA), the South Australian Baseball League Inc. (SABL), and the Australian Baseball Federation (ABF); and or any of their affiliated bodies.
- ◇ I attest that I have a level of physical fitness that will enable me to take part in all physical activities related to participating in baseball games.
- ◇ I agree to pay for any medical treatment and transportation costs that may be necessary as a result of any injuries sustained by me.
- ◇ I acknowledge that I have read, understood and accept this agreement. I have also read the Risk Warning and Privacy Statement appended hereto.

Date: ____ / ____ / ____ **Signed:** _____ **Counter Signed:** _____

(Member / Parent / Guardian)

(Club Secretary)

Please refer to Risk warnings and Privacy Statements issued to all clubs and return forms to SAWBA

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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, running and spectating. While we aim to minimise risks, it is not possible to eliminate them all.

PRIVACY STATEMENT.

Your privacy is respected by this Association. The information you provide on this form will be used to for the purposes of registration, participation, and insurance. For cross-checking purposes, a copy will be passed onto the South Australian Baseball League (SABL), the Australian Baseball Federation (ABF) - with whom this Association is affiliated; and to the respective insurer/s.

Your information may also be shared with official organisations associated with the sport of Baseball; including but not limited to the Australian Sports Commission and Australian Sports Drug Agency. This Association, the SABL and the ABF may at times ascertain whether or not it has services or products that may foresee-ably meet your needs and notify you about these. We will not however, share your personal contact details with any third party for their commercial use.

If you do not provide the information required above, we will not be able to register you as a member or allow participation. This Association, the SABL, and the ABF comply with the Privacy Act with respect to the collection, storage and security of your personal details.