

REGISTRATION FORM

2016-2017

Club email: sutherlandsoftball@gmail.com

Rego Contact: Mike Sargeant mgsarge@bigpond.com

Uniform Contact: Helen Martinez suthy.uniforms@gmail.com

sutherlandsoftball@gmail.com

www.sutherlandact.softball.org.au

PLAYER INFORMATION		
First Name:	Last Name:	
Date of Birth: / / (if under 18 years old)	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Parent/Guardian (if under 18 years):		
Postal Address:	Suburb:	
State:	Postcode:	
Contact Details:		
Mobile:	Work:	Home:
Email:		

PLAYER HISTORY	
Team/Grade Played Last Season:	
Preferred team mates (if we can):	
Do you have a Sutherland Plaque:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> (Morning Comp players only)
If new to Sutherland – Previous Club/School Played with:	
Grade/Team last played in:	Year:

COMPETITION INFORMATION		
Please indicate which grade (s) you wish to play in this season:		
MORNING JUNIOR COMPETITION		
<input type="checkbox"/> Softball	<input type="checkbox"/> Softball (first year)	\$135
<input type="checkbox"/> T Ball (6-10 yrs)	<input type="checkbox"/> Diamond Ball (4 & 5 yrs)	\$105
AFTERNOON COMPETITION		
FAST PITCH		
<input type="checkbox"/> A Grade	<input type="checkbox"/> B Grade	\$400
<input type="checkbox"/> C Grade		\$350
<input type="checkbox"/> D Grade		\$325
JUNIOR LEAGUE*		
<input type="checkbox"/> U17 Boys / Girls (circle)	<input type="checkbox"/> U15 Boys / Girls (circle)	<input type="checkbox"/> U13 Boys / Girls (circle)
		\$240
* Age at 31 December 2016 (i.e. to play U13 you must be 12 or younger at 31 December 2016)		
SLOW PITCH		
<input type="checkbox"/> Thursday Night Slow Pitch		\$TBA
		SUBTOTAL:
		AMOUNT PAID:
		AMOUNT OWING:

PLEASE SEE NEXT PAGE FOR PAYMENT OPTIONS

OFFERS OF ASSISTANCE			
If you would like to help the Club or your/your child's team in any capacity – please indicated by ticking the box(es):			
<input type="checkbox"/> Committee	Please indicate how:		
<input type="checkbox"/> Coach	<input type="checkbox"/> Team Assistant/Helper	<input type="checkbox"/> Manager	<input type="checkbox"/> Scorer
<input type="checkbox"/> Canteen	<input type="checkbox"/> Other	Competition: <input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
Name:		Phone:	

PAYMENT	
Committee Use Only	
<input type="checkbox"/> Cash	<input type="checkbox"/> Deposit
<input type="checkbox"/> Electronic Transfer	<input type="checkbox"/> Deposit (deposit slip received - <input type="checkbox"/>)
	<input type="checkbox"/> Paypal invoice sent
	<input type="checkbox"/> Paypal payment received

CONSENT

I give consent for sporting images of the person nominated on this form to be displayed in Sutherland publications such as newsletters, year book, website.

Signature:

Date: / /

If submitting electronically please check box ☐ as consent

PAYMENT

Full payment is preferred at the time of registration, however part payments will be accepted as outlined below:
50% due before first round of the 2016-17 season

Full payment due by **31 October 2016**

REGISTRATIONS DUE 19 SEPTEMBER 2016

I understand and accept the payment plan for Sutherland Softball Club. I will make payment in full by 31 October 2016.

Signature:

Date: / /

If submitting electronically please check box ☐ as acceptance of payment plan

(If under 18 years of age – Parent/Guardian to sign)

IN PERSON

Cash Please bring your money to one of the Registration Days with your registration form.

REGISTRATION:

Sunday 11 September 2016 – 11am – 1pm
(Mawson Playing Fields – near Southlands Shopping Centre)

BY DIRECT TRANSFER

Account Name: Sutherland Softball Club
BSB: 062-908 Account No: 0090 6565
IMPORTANT: Ensure the player's surname of those being paid for is clearly noted in the comments section. Your fees will remain unpaid unless it is clear who the payment is for.

VIA PAYPAL

Please email this form to suthy.treasurer@gmail.com and ask for a Paypal invoice.
The Club will generate an invoice and send it to you for payment via Paypal.

VIA BANK DEPOSIT

Please deposit money at any Commonwealth Bank branch.
Remember to:
a) Specify your name after the \$\$ amount on the deposit slip & confirm with the teller.
b) Send deposit slip along with your registration form to
Sutherland Softball Club
PO Box 1916
WODEN ACT 2606

PLEASE NOTE: ALL REGISTRATION FORMS MUST BE SUBMITTED

Do this by:

BY HAND: At the registration day (see above)

EMAIL: sutherlandsoftball@gmail.com – pay by direct transfer or PayPal

POST: SUTHERLAND SOFTBALL CLUB - PO Box 1916 WODEN ACT 2606

Please do not send cash in the mail

During 2016-17 season Sutherland Softball Club will be moving its registration database online to comply with Softball ACT requirements. The information entered into this form will be transferred into a secure online database. We anticipate that our registration process will be online from the 2017-18 season. If you require further information about this process or do not want your details entered please email sutherlandsoftball@gmail.com – thank you

Medical Profile

*All information on this sheet is CONFIDENTIAL
Access to this sheet is limited to the Coach and Club Officials.*

PERSONAL DETAILS

First Name:	Last Name:
Address:	
Contact Number:	
Date of Birth: / /	Male <input type="checkbox"/> Female <input type="checkbox"/>

EMERGENCY CONTACT

First Name:	Last Name:
Address:	
Home Phone:	Work Phone:
Mobile:	
Relationship:	

CURRENT MEDICAL CONDITIONS

Current Medical Problems:
Regular Medications:
Allergies:
Possible learning difficulties the coach should be aware of (for juniors only)

DECLARATION

To the best of my knowledge, all the information contained on this sheet is correct (if under 18, please have a parent or legal guardian sign)	
Signature:	Date: / /