

Kingston Heath Reserve  
Farm Road  
Cheltenham VIC 3192  
Ph: 9584 3909

Correspondence to:  
The Secretary  
PO Box 2514  
Cheltenham VIC 3192



**CHELTHENHAM BASEBALL CLUB Inc**  
Reg No. 7816  
**SUMMER COMMITTEE**



**MEMBERSHIP FORM**

Age Group U / SENIOR

Membership No:

Receipt No.

Given Name

Surname

Guardians' Names (Juniors)

Date of Birth

Phone (Home)

(Work)

(Mobile)

Street Address

Suburb

Postcode

Email

Emergency Contact (Seniors)

Phone

School Attended (Juniors)

Occupation

How did you hear about our Club?

**ASSISTING THE CLUB:**

I, or members of my family, am able to assist the club in the following areas:

BBQ/Canteen

Grounds Keeping

Social Events

Fundraising

Umpiring

Team Manager

Scoring

Special Events

**INSURANCE:**

Registration with Baseball Victoria entitles you to insurance cover under The Australian Baseball Federation Inc. National Insurance Program. This program provides for Capital Benefits only. The program does not provide any cover for loss of income or reimbursement of medical expenses. Details can be obtained on Baseball Victoria's website.

**NEW PLAYERS:**

All new players will also need to complete a Baseball Victoria Registration form. Players who have previously been registered with another baseball club, must apply for a clearance from that club by completing Section 4 of the BV registration form.

**JUNIORS PLAYING SENIORS COMP:**

Players must be 14 years old before they can play senior baseball. Players who have not reached their 15<sup>th</sup> birthday must have written permission from their parents lodged and accepted by Baseball Victoria before they can play.

I agree to the Abide by the Terms and Conditions of Cheltenham Baseball Club (Including those printed overleaf), and I agree to pay the subscriptions of the player above.

Name of Player (if over 18) / Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Do not detach*

**PAYMENT ADVICE – TO CHELTENHAM BASEBALL CLUB INC - SUMMER**

Player's Name:.....

Payment Method (please circle):

CASH

CHEQUE

CREDIT CARD

Please charge my (please circle):

VISA

MASTERCARD

with the Amount of \$ \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry Date \_\_\_\_\_/\_\_\_\_\_

Cardholder Name:

\_\_\_\_\_

Telephone No.:

\_\_\_\_\_

Cardholder Signature:

\_\_\_\_\_

**CONFIDENTIALITY:**

These details will be used for administrative purposes within the Club and for registering players with Baseball Victoria.

All information will be held securely and access is restricted to office bearers authorised by the Committee.

I agree to my phone and email contact details being printed and distributed to club coaches and officials.

I agree to my child's name appearing in the local newspaper or on our website periodically as part of a club report.

**ACCIDENT AND INJURY DISCLAIMER:**

In the event that the above-named Player is injured and/or requires medical attention and I am either uncontactable within a reasonable time and/or the seriousness of the Player's condition requires immediate medical attention I authorize the Club to call an ambulance and/or Doctor or transport the player to hospital and agree to meet all costs associated with this. I further authorize any licensed medical practitioner to render any and all medical care and treatment he/she may deem necessary.

**LIABILITY DISCLAIMER:**

I understand that the possibility of injury is inherent with participation in the sport of Baseball. I confirm that I and/or the player am/is in adequate physical condition and free of illness or other medical problems to allow me and/or the player to safely participate in the sport of Baseball. I hereby release the Cheltenham Baseball Club Inc (the "Club") and all of its coaches, staff, Committee members, members and any employees or contractors from any and all liability for injury or medical problems incurred by myself/or the player while attending and participating in activities run by the Club. I further agree to defend, indemnify, and hold harmless the Club, its affiliates and their respective Officers, Committee Members, Coaches, Members, employees and agents from and against all claims and expenses, including legal fees, arising out of my and/or the Player's participation in activities run by the Club.

**PLAYER SUBSCRIPTIONS 09/10:**

The Player Subscriptions for current season are listed below. A \$10 deduction per player is applicable if fees are paid by 12/09/09.

Junior family discount of 20% for 2<sup>nd</sup> and subsequent junior players is applicable if all fees are paid by 31/10/09.

The additional cost for a Junior to play senior baseball will be refunded if the player plays less than three games in the seniors.

Similarly, the additional cost for an U12 or U14 player to play Sunday competition will be refunded if the player plays less than three games on a Sunday.

<b>PLAYING FEES 2009/10</b>		<b>Playing Fees</b>	Fees if paid by 12/9/09	2nd & subsequent jnr player	
				by 31/10/09	by 12/9/09
Tee-ball	Regular, or	\$ 95	\$ 85	\$ 76	\$ 68
	New player (receives backpack)	\$ 115	\$ 105	\$ 92	\$ 84
	Team t-shirt (new & returning players)	\$ 10	\$ 10	\$ 10	\$ 10
U12/U14's	Fridays	\$ 135	\$ 125	\$ 108	\$ 100
	add. for playing Sundays	\$ 60	\$ 60	\$ 48	\$ 48
U16/18's	Regular	\$ 175	\$ 165	\$ 140	\$ 132
	add. if playing Seniors	\$ 85	\$ 85	\$ 68	\$ 68
Seniors	Regular	\$ 315	\$ 305	Junior family disc of 20% exists for 2nd and subsequent players if all fees are paid by 31/10.	
	Conc. - student, apprentice, etc.	\$ 255	\$ 245		
	Part-time player	t.b.n.	t.b.n.		
	Playing Life Member	\$ 90	\$ 90		
		If paid by 12/9/09, \$10 deduction per player.			

**PAYMENT OPTIONS:**

Payment by **cash, cheque** or **credit card** can be made at any of the registration sessions; or credit card payments can be posted to:

The Registrations Secretary,  
Cheltenham Baseball Club Inc.,  
P.O. Box 2514 Cheltenham 3192.

**Please return this registration form intact.** If paying at a later date, we will issue you with a separate Payment Advice.

Any further registration enquiries can be directed to the Registrations Secretary, Noel Davidson at [noelwd@optusnet.com.au](mailto:noelwd@optusnet.com.au) or ph. 9503 8922.