

# S. A. WINTER BASEBALL ASSOCIATION INC.

## 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.

You should be aware that Baseball SA is the body ultimately responsible for all organised Baseball activities in SA - likewise, the ABF is ultimately responsible for all Baseball activities in Australia.

**A 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 on the next business day.**

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 or

◇ e-mailed to [sawinterbaseball@hotmail.com](mailto: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 nick-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.

Email: [sawinterbaseball@hotmail.com](mailto:sawinterbaseball@hotmail.com)

# **SAWBA 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

<b>WINTERBALL Club / Team:</b>	
--------------------------------	--

<b>Member's Existing Statutory Insurance Cover</b> (tick the appropriate box and provide detail)
Baseball SA Club (played last season): <input type="checkbox"/> _____ Player Rego No. _____
University Sports Association (current member) : <input type="checkbox"/> _____
None (will be covered by SAWBA Registration) : <input type="checkbox"/>

<b>PERSONAL</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ____/____/____
Surname: _____	Given Names: _____
Address: _____	
Suburb: _____	Post Code: _____
Phone: _____	Mobile: _____
Email: _____	
Do you have any medical conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please provide details)	
_____	
_____	

<b>SAWBA Member Type</b> Player <input type="checkbox"/> Coach <input type="checkbox"/> Scorer <input type="checkbox"/> Umpire <input type="checkbox"/> Club Official <input type="checkbox"/>	
Accreditation Level _____	Season Year 20 _____

<b>Parent/Guardian Approval</b> (required for Players under 18 years at the start of the season)	
Surname: _____	Given Names: _____
Phone: _____	Mobile: _____
Address if different from above: _____	
_____	

<b><u>PLAYER REGISTRATION AGREEMENT</u></b>	
Participation in all activities conducted by the S.A. Winter Baseball Association Inc. is subject to the following conditions:	
<ul style="list-style-type: none"><li>• 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 declare that the information above is true and correct to the best of my knowledge. I also acknowledge that my details will be entered into the National Baseball database to ensure that I am covered under the National Insurance policy.</li><li>• 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.</li><li>• I agree to pay for any medical treatment and transportation costs that may be necessary as a result of any injuries sustained by me.</li><li>• I acknowledge that I have read, understood and accept this agreement. I have also read the Risk Warning and Privacy Statement appended hereto.</li></ul>	
Signed (Member/Parent/Guardian): _____	Date: ____/____/20__
Counter Signed (club official): _____	Date: ____/____/20__

Please see over page for Privacy and Risk Statements and return form to SAWBA Secretary:

## PRVACY STATEMENT

Your privacy is respected by us. The information you provide on this form will be used to provide services for you and for the purposes of registration, participation, team selection and insurance. It will be passed onto the Australian Baseball Federation (ABF) and to the ABF's insurer.

Your information may also be shared with organisations associated with the sport of Baseball, including but not limited to the Australian Sports Commission and Australian Sports Drug Agency. We and the ABF may wish to provide you with special offers from time to time. If you do not wish to receive this additional information, please tick this box [box here]. If you do not provide the information we may not be able to register you as a member.

We and the ABF comply with the Privacy Act with respect to the collection, storage and security of your personal details.

If you have any privacy concerns or would like to verify any information we hold about you, please contact our privacy officer or the ABF's Privacy Officer.

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