

# Raptors

## SOFTBALL CLUB REGISTRATION FORMS



### RAPTORS SOFTBALL CLUB

**Name:**

**Softball ID:**

Please Leave this section for Committee Use Below

**Uniform#:**

**Model Release:**

**Medical Flagged:**

**Code of Conduct:**

**Invoicing Complete:**

**Scanned and Saved:**



# REGISTRATION FORMS

Please find enclosed the necessary forms for this softball season's registration. Please complete the applicable forms and return them and pay for full or partial Softball SA registration payment. You will find these forms in your booklet:

- General Acknowledgements
- Membership Form
- Medical Release
- Photography and Filming Release
- Payment Plan Contract
- Uniform Ordering Form
- Code of Conduct Agreement

The Information you supply is confidential and will be kept in accordance with data protection and privacy laws. This information is for the use of the Executive Committee and some information will be supplied to your coaches regarding abilities and preferences.

Information will not be extended to any third parties without prior written approval - the exception being in the case of a medical emergency where you are unable to provide information yourself. The medical release portion of your forms will be used to convey information to any emergency personnel during an emergency event as well as help to provide immediate treatment if necessary.

# ACKNOWLEDGEMENTS

## ACKNOWLEDGEMENTS

Raptors softball club is covered under Softball South Australia's umbrella of third-party insurance.

ALL members of Raptors Softball Club officiate/coach/volunteer/participate/play at their own risk. Raptors Softball Club will not accept liability for any injuries or damages sustained by any person or property. Members are advised to take out personal insurance.

I am over 18 years of age, and if not these forms have been completed by my parent or legal guardian.

I agree to be bound by the Club's Rules and its constitution. I understand that my participation in games/ activities is at my own risk and I absolve the Raptors softball club of any liability for any injuries or damages to myself or property.

I understand that I am liable to pay fees to both softball SA and to Raptors softball club to participate in the game of softball and all necessary training. Failure to pay fees may result in debtors and future permits or clearances will not be completed until a player is financial.

Signing this form is an agreement to the above terms.

**Name of Player:**

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**Name of Parent or Guardian if applicable:**

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**Signature:**

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**Date:**

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# MEMBERSHIP FORM

**Full Name:**

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**DOB:**

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**Preferred Contact Number:**

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**Address:**

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**Post Code:**

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**Email Address**

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**Membership Application Details:**

**New**

☐

**Returning**

☐

**Playing Member**

☐

**Official**

☐

**Life Member**

☐

**Last Club Played for:**

**Position:**

**Last Season Played:**

**clearance needed: Yes/No**

**Would you like to enter a payment plan for club fees: YES / NO**

**If yes please complete a payment contract**

**Is there anything you would like to share with us about your previous playing history?**

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**Do you have a preferred position or grade?**

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# MEDICAL INFORMATION

**Name:**

**DOB:**

**Name of 1st Emergency**

**Contact:**

**Relationship to**

**Member:**

**Contact Number #1:**

**Contact Number #2:**

**Name of 2nd Emergency**

**Contact:**

**Relationship to**

**Member:**

**Contact Number #1:**

**Contact Number #2:**

**Do you have private health Insurance? YES / NO**

**Name of Fund:**

**Member Number:**

**Medicare Number:**

**Hospital Preference if able:**

# MEDICAL INFORMATION

Do you have an injury/allergy/condition that bothers, limits or hinders you when playing?

At what point does the injury/allergy/ condition cause you problems or pain?

How do you manage the injury/allergy/condition?

Is there anything specific we should know or do if you need help?

## Medical Conditions and Treatment

Medical Condition	Medication	Dosage and Frequency

# MEDICAL INFORMATION

**Please let us know if there is anything else specifically we should know about your medical difficulties:**

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**Acknowledgement:**

**To the best of my knowledge, I have provided all the necessary and correct medical information which may influence my/my child's treatment. I authorise this information to be provided to medical personnel in an emergency if I am not in a position to do so myself.**

**Name of Player:**

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**Parent/ Guardian if under 18:**

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**Signed:**

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**Dated:**

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# MODEL RELEASE FORM

By signing this form, I agree that my or my child's photographic image may be used for the purposes of reporting, education, sponsorship, marketing, training, fundraising and promotion of the sport of softball at Raptors Softball Club, This includes both print and online media such as but not limited to posters, flyers, newsletters, newspapers, videos, the Club's website, Instagram and facebook pages.

I understand that I may withdraw consent at any time by notifying a committee member for the immediate removal of images and followed up in writing within 5 working days for our club records. The club will take every reasonable effort to ensure this is upheld, however individuals are also asked to ensure they do not participate in photographs or media that is meant for marketing or social media use if they are not willing to have their likeness in the public sphere.

The Raptors softball club can not take responsibility for the unauthorised use of photographic images by other clubs and persons. Signing this form releases Raptors softball club and its officials and members from any issues arising from photographic images circulated outside of their control.

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- ☐ I AGREE to my image being used for the above mentioned activities and understand that Raptors softball club can not take responsibility for the unauthorised use of photographic images by other clubs and persons.
- ☐ I DO NOT agree to my image being used for the above mentioned activities and understand that Raptors softball club can not take responsibility for the unauthorised use of photographic images by other clubs and persons.

Printed Name:

Sign:

Date:



# CODE OF CONDUCT

At Raptors Softball Club we have a strict no-bullying policy and it is important that our members adhere to our code of conduct. Failure to do so will have membership cancelled and offending players or officials will be asked to leave the club. We have a strong set of values when it comes to how our members interact with their teammates, umpires, coaches, competitors, officials and spectators.

**First Name**

**Last Name**

**Parent or Guardian if applicable**

**DOB (must be over 18 or parent guardian completes form with you)**

**Acknowledgement:**

I have read the code of conduct at [www.raptorssoftballclub.com/codeofconduct](http://www.raptorssoftballclub.com/codeofconduct)

I agree to follow the code of conduct and understand that failure to adhere to the code of conduct could see my membership cancelled and as a result I would be asked to leave Raptors softball club. I understand that I would still be liable to pay any outstanding monies including club fees and uniform purchases.

I understand that bullying is not tolerated at Raptors softball club and I agree not to participate in intentionally disrespectful behaviour which causes mental anguish to others. I understand that in some instances mediation may be offered for issues within Raptors softball club but bullying is strictly not tolerated.

I understand that if I am having issues with teammates, officials, competitors etc that I can come to the committee of Raptors softball club and discuss my concerns and they will be respectfully listened to and handled appropriately.

**Please Sign and Date:**