

STATE REGISTRATION FORM 2015/2016

PLAYERS DETAILS

TEAM _____

First Name: _____ Surname: _____

DATE OF BIRTH _____ BIRTH REG # _____

PARENTS CONTACT DETAILS

First Name: _____ Surname: _____

Postal address: _____

Phone: _____ or _____

Email: _____

MEDICAL CONDITIONS

Uniform	Shirt	Pants
SIZE		

I/we understand that the Morley Eagles Baseball Club (Tee ball section) cannot be held responsible for any injury sustained by the above player/players during any game or training session. The club suggests that School accident insurance be arranged and mouth guards be worn.

Parent / Guardian Signature: _____ Date: _____

CLUB USE ONLY

Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No Receipt number: _____
Copy to uniform coordinator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be completed
Registrar : _____ Date _____