



REGISTRATION FEE \$100

Payment Details:

Payment Date:

GLENELG REBELS SOFTBALL CLUB INCORPORATED

PO Box 10, Oaklands Park SA 5046

2016/17 REGISTRATION & MEDICAL FORM – SENIORS

Player Information - Senior

Name:
Address:
Phone: Mobile:
Email:

Emergency Contact (in order)

Name:	Relationship:	Phone:
1.
2.

Health Care Details

Doctor / Medical Clinic: Phone:
Private Insurance Fund:
Medicare Number: Ambulance Cover: Yes / No

If you have any pre-existing conditions or any concerns about participating, we would encourage you to seek medical clearance from your Doctor prior to participating in sport.

Do you have any conditions that you, in consultation with your Doctor, consider appropriate to notify the Club, eg previous injuries, medical conditions, allergies (food or other) etc?

Ambulance Consent

I understand that in case of a serious accident and none of the above contact people are available, I will be transported to a hospital by ambulance.

I am aware that any costs involved for this and any medical treatment will be payable by me.

Signed

Date

Volunteer Duties

Glenelg Softball club is managed by a voluntary committee. Please indicate your preferred area to assist the club this season:

Grounds duties (West Beach):

☐

Club Marion (market car park duties & raffle nights):

☐

Fundraising (eg BBQs):

☐

Codes of Behaviour (please tick box)

I acknowledge and/or have read the Glenelg Rebels Softball Club Codes of Behaviour and understand these are available on the club website for review at any time.

☐

Website, Social Media, Newsletter and Flyer Consent

I consent to my name and image being used on the Glenelg Rebels Softball Club Inc webpage, Facebook, in their newsletters & flyers. Yes / No

Signed

Date