



Individual Member Registration

Please note that the following symbol * indicates an area that is required to be completed
Please complete the form using **CAPITAL LETTERS**

REGISTRATION DETAILS			Season: 2017/18	
First Names: *				
Family Name: *				
Date of Birth: *		Gender: *	MALE / FEMALE	
Ethnicity: *		Iwi: *		
Address: *				
Email: *				
Telephone: *		Mobile: *		
Have you transferred association or club? *	YES / NO	From which club or association? *		Which club did you play for last year *

JUNIOR PLAYERS ONLY (under 19 years old on 31st December of this season)

School / Club: *	
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PARENT/CAREGIVER DETAILS

Name: *				
Email: *				
Telephone: *		Mobile: *		

PARTICIPATION ROLE* <i>We need helpers in these areas. Are you interested in being part of the softball community? (Please circle all relevant roles)</i>	Player	Coach	Manager	Umpire	Scorer
Players please indicate any Representative grades played last season					
Coaches please indicate grades they coach					
Volunteer (i.e. general help) - BBQ, Saturday Morning Help					YES / NO
PLEASE NOTE: Full training / coaching / mentoring can be provided in all of the above.					

Consent:

I consent that the details collected in this form by the Marlborough Softball Association and above named Softball Club or school may be retained and used for administration purposes and may also be disclosed to Softball New Zealand, Funding Agencies and Sponsors.

I acknowledge my right to access and correct this information. This consent is given in accordance with the Privacy Act 1993 and subsequent amendments.

I consent to abide by the Rules & Regulations and the Code of Conduct of the Marlborough Softball Association which can be found on our website or provided on request

I consent to the use of photographs of myself/child for the association's purpose.

I agree to comply with the sport's anti-doping rules.

Signature: *		Date: *	
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(Parent or Caregiver if under 16)