

STATE SQUAD/TEAM PLAYER/OFFICIAL AGREEMENT FORM



I, _____, hereby acknowledge that:

- (i) I was *selected/appointed on ____/____/____ by Softball Queensland Inc (SQI) as a member of a Softball Queensland Representative Squad/Team for a period of twelve (12) months.
- (ii) I have received, read, understand and agree to abide by:
- (a) The Player/Official Acknowledgement & Undertaking Form
 - (b) Softball Queensland Representative Squad and Team Policies, including the Codes of Ethics/Conduct, Member Protection and Social Media Policies.
- (iii) I agree to the following terms and conditions regarding my selection:
- (a) To make all payments for participation in the Australian Championship by the following due dates:-

Installment	Team / Squad	Due Date	Amount	
1 st	Open Women	18 th September 2017	\$500	\$100 refundable bond & \$400 deposit
1 st	Under 17 Girls & Boys	2 nd October 2017	\$500	\$100 refundable bond & \$400 deposit
1 st	Under 19 Women & Men	16 th October 2017	\$500	\$100 refundable bond & \$400 deposit
1 st	Open Men	30 th October 2017	\$500	\$100 refundable bond & \$400 deposit
1 st	Under 23 Women & Men	31 st March 2018	\$500	\$100 refundable bond & \$400 deposit
2 nd	Open, Under 17, Under 19	20 th November 2017	\$500	
2 nd	Under 23	4 th May 2018	\$500	
3 rd	Open, Under 17, Under 19	18 th December 2017	Balance of invoice	
3 rd	Under 23	8 th June 2018	Balance of invoice	

- (b) To attend all compulsory trainings sessions as set by SQI. Compulsory training is the equivalent of 2 training sessions per week. *Requests for exemptions for holidays will not be granted.*
- (c) Under 17 and Under 19 team members - compulsory attendance at the state team camp held in October.
- (d) If I withdraw, or am withdrawn, from the team/squad, I remain personally responsible for all costs associated with my selection in such team/squad.

Page 1: Player/Official Initial: _____

Parent/Guardian of players aged U18: _____



***PLAYER/OFFICIAL TO COMPLETE THE FOLLOWING:**

I do hereby agree to abide by all said rules, policies and codes of ethics/conduct as stated or implied in the above documents whilst a member of the Squad/Team.

Full Name: _____

Address: _____

Postcode: _____

Date: _____

PARENT/GUARDIAN OF PLAYERS UNDER THE AGE OF 18 TO COMPLETE:

I have also read said rules and policies and do fully understand the responsibilities and implications stated therein.

Full Name: _____

Address: _____

Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Parent/Guardian Signature: _____ Date: _____

Please return all forms via email to Softball Queensland admin@softballqld.asn.au



Medical Information and Consent



Name: Mr/Mrs/Ms/Miss _____
Address: _____
Post Code: _____ Date of Birth: _____
Email: _____
Phone: H: _____ W: _____ M: _____

Additional Information

Please include as much information as possible

Date of last tetanus injection: _____
Heart Problems: Yes/No Details: _____
Respiratory Problems: Yes/No Details: _____
Allergies: Yes/No Details: _____
Recent Illness: Yes/No Details: _____
Drugs/Medication Required: Yes/No Details: _____
Drug Reactions: (eg penicillin allergy) Yes/No Details: _____
Blood Pressure: Yes/No Details: _____
Phobias: Yes/No Details: _____
Diabetes: Yes/No Details: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Contact Details: Ph: _____ Fax: _____

Medicare Number: _____ Expiry Date: _____

Emergency Contact: _____

Address: _____

Contact Details: Ph: _____ Ph: _____ M: _____
(Home) (Work)

In the event of an accident or illness, I authorise SQI personnel to seek medical attention and agree to pay all medial expenses incurred on behalf of the above named player/official. I further authorise qualified practitioners to administer anesthetic if the need arises.

Official/Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(If player is under 18 years of age)

Privacy Statement

This information is collected for the specific use in the SQI program in which you are participating. In the event of an injury this information will be kept for a minimum of 7 years. If no injury occurs this information will be destroyed within 12 months of the program date. Personal details will not be provided to outside organisations unless required to do so by law or for medical treatment.

Form 3.3(b)



Next of Kin Information

In the event of an emergency situation the following details are required:

Player/Official Name: _____ Team: _____

Are any members of your family traveling to the Championship? YES / NO

If **YES**, which members: _____

Their accommodation details: _____
(Name of place they are staying)

Address while away: _____

Phone number of accommodation: _____ Mobile: _____

Arrival Date: _____ Departure Date: _____

AIR TRAVEL (if applicable)

To the tournament...

Date departing: _____ Flight #: _____ Departing from: _____ At: _____

Connecting flight: (if applicable) Arrive in: _____ Time: _____
City Flight time:

Final Destination: Arrive in: _____ Time: _____
City Flight time:

From the tournament...

Date departing: _____ Flight #: _____ Departing from: _____ At: _____

Connecting flight: (if applicable) Arrive in: _____ Time: _____
City Flight time:

Final Destination: Arrive in: _____ Time: _____
City Flight time:

CAR TRAVEL: Please provide all contact details that may be required (eg motel, etc) _____

If your family members are not attending the Championship, please provide the following details:

Address: _____

Father's Phone Numbers: Day: _____ Evening: _____ Mobile: _____

Mother's Phone Numbers: Day: _____ Evening: _____ Mobile: _____

OR
Partner/Spouse's Phone: Day: _____ Evening: _____ Mobile: _____

One other contact: (Only to be used when both parents/guardians are unable to be contacted)

Name: _____ Relationship to family: _____

Address: _____

Contact Details: Day: _____ Evening: _____ Mobile: _____

Name: _____ Signature: _____ Date: _____





Travel Information – Only for players who live outside of Brisbane

Any player who lives outside the Brisbane area is required to make his/her own travel arrangements to come to Brisbane prior to the National Championship. You will be required to be in Brisbane at least 1 week prior to when the team leaves for the championship. Please contact your Manager for the date you are to be in Brisbane.

Once you know when you are arriving in Brisbane, please complete the information below and return it to Softball Queensland as soon as possible. Your team manager will then advise of any further arrangements.

Name: _____ Team: _____

How are you travelling to Brisbane: Plane Bus Train Other
(Please tick the appropriate box)

Travel Mode Details -

Flight #: _____

Bus #: _____

Other: _____

To Brisbane:

Departure Time: _____
(From your home town)

Date: _____

Arrival Time: _____
(In Brisbane)

Date: _____

From Brisbane:

Departure Time: _____
(From Brisbane)

Date: _____

Arrival Time: _____
(In your home town)

Date: _____

Billets - Do you require a billet when you are in Brisbane? YES / NO

If **YES**, your team Manager will make these arrangements and let you know as soon as possible.

If **NO**, please complete the following details about who you will be staying with:

Name _____

Address: _____

Relationship: _____

Phone #: _____

Mobile #: _____





IMAGE RELEASE

Organisation	Softball Queensland Inc Unit 1 – 866 Main Street WOOLLOONGABBA 4102
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Person	Name Address Contact Number <input type="checkbox"/> Email
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Program	General Promotional Activities and Marketing Resources
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I give permission for Softball Queensland Inc and Softball Australia Ltd to take and use images of me/my child for softball promotional and development purposes including all media, brochures, posters, event programs, website and official social media sites and other official resources.

I **do not** give permission for Softball Queensland Inc and Softball Australia Ltd to take and use images of me/my child for softball promotional and development purposes including all media, brochures, posters, website and official social media sites and other official resources.

Signed for and on behalf of SQI	Signed by the Person above or Parent/Guardian <i>(If person is Under 18 years of age)</i>
Signature: _____	Signature: _____
Name: _____	Name: _____
Position: _____	Date: _____
Date: _____	