

STATE TEAM PLAYER/OFFICIAL AGREEMENT FORM



I _____ hereby acknowledge that:

(i) I was *selected/appointed on ___/___/___ by Softball Queensland

As a member of the Queensland _____ Representative Softball
Squad/Team (write squad/team name)

(ii) I have received, read and understand:

- (a) The Player/Official Acknowledgement & Undertaking Form
- (b) Softball Queensland Representative Squad and Team Policies, including the Code of Ethics/Conduct
- (c) All payments are to be made by the following due dates;
1st Installment - \$500 Bond/deposit- Open Women/U23 Women 18th September 2017
Under 17's 2nd October 2017
U19's 16th October 2017
Open Men/U23 Men 30th October 2017
2nd Installment - \$500 all teams due 20th November 2017
3rd and final installment all teams 18th December 2017

(iii) I agree to the following terms of my selection

- (a) Attendance at 2 training sessions per week (approval for holidays will not be granted)
- (b) Compulsory attendance at the state team camp in October
- (c) Understand if I withdraw from the team I will still be responsible for all costs

*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: _____

Player/Official Signature: _____ Date: _____

PARENT/GUARDIAN OF UNDERAGE PLAYERS 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 to: Softball Queensland via email 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 SQ personnel to seek medical attention and agree to pay all medial expenses incurred on behalf of the above named player. I further authorise qualified practitioners to administer anesthetic if the need arises.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(If official is under 18 years of age)

Privacy Statement

This information is collected for the specific use in the SQ 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
Unit 1 – 866 Main Street
WOOLLOONGABBA 4102

Person

Name

Address

Contact Number

Email

Program**General Promotional Activities and Marketing Resources**

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**
(If person is Under 18 years of age)

Signature: _____

Signature: _____

Name: _____

Name: _____

Position: _____

Date: _____

Date: _____

