

# PLAYER NOMINATION FORM FOR SOFTBALL QUEENSLAND MALE TEAMS/SQUADS

**Please read all information carefully before nominating.**

Please read the information below and complete all sections of the form relevant to the team/squad/s you wish to nominate for.

All nominees **MUST**:

- Be a current registered member of a full member District Softball Association in Queensland;
- Submit the fully completed nomination form to the SQI office by the due date:-
  - *Note: only one nomination form is required to be submitted*
- Pay the **NOMINATION FEE** of **\$35** by the due date:-
  - *Note: only one nomination fee is required regardless of the number of teams/squads you are nominating for.*
  - *Note: A late fee of \$55.00 will be imposed for nominations submitted or received after the close of business on the closing date. The total cost of the nomination will then be \$90 (nomination fee of \$35 plus the late fee of \$55.00).*
- Be age eligible for the team/squad nominating for;
- Participate in a 2017 State Championship or have an exemption granted by the SQI High Performance Committee
  - *Note: exemptions will only be granted in extenuating circumstances Examples: injury (doctor/physiotherapist report required with full details of injury & rehabilitation program and timeframe); on Australian team commitments; on a professional contract in an approved overseas competition*

Players wishing to nominate for more than one team/squad **MUST**:

- Make themselves available for selection in their own age division and
- Participate in their own age division State Championship.
  - *Note: Players nominating for selection in more than one team/squad are not required to participate in an older age division State Championship (eg nominating for U17 & U19 must play in the U17 State Championship but may choose not to play in the U19 State Championship).*

Players nominating for Queensland Heat and Queensland Patriots are agreeing to make themselves available for both the Gilley's Shield / John Reid Shield and the Southern Cross Challenge.

**TRAINING:** All selected players must attend training at venues in reasonable proximity to their home association at dates and times to be advised. **Training is compulsory** and permission to miss training, except in exceptional circumstances, will **NOT** be granted. Regardless of where you live, do **NOT** make arrangements to have holidays before the National Championship you have been selected to attend. Players selected in more than one team/squad will be advised of their training schedule and commitment to each team/squad once all selections have been finalised.

## **UNDER 17 AND UNDER 19 STATE TEAM CAMP**

A **compulsory camp** for all selected team members in the Under 17 Boys and Girls and Under 19 Men and Women will be held in Brisbane on the 21<sup>st</sup> & 22<sup>nd</sup> of October 2017. The cost to attend the camp will be the same for all participants and will be a separate invoice to the National Championship invoice. *(An approximate cost for the camp is \$300. The cost is shared across all players and the final cost will be dependant upon where the players are travelling from).*

## **ATTENDANCE AT NATIONAL CHAMPIONSHIPS**

Players nominating for selection agree that they are available to participate for the full duration of the National Championship and if selected will not request permission to be absent or advise SQI of their absence from any part of the competition.

## **COST TO ATTEND NATIONAL CHAMPIONSHIPS/SOUTHERN CROSS CHALLENGE:**

A bond/1<sup>st</sup> payment instalment of \$500 will be due 2 weeks after selection, with the 2<sup>nd</sup> payment instalment of \$500 due on the 20<sup>th</sup> November, with the remaining amount due by the 18<sup>th</sup> December 2017.

- **Under 17 & Under 19 State Teams:**  
The cost for each player to attend the National Championship will be approximately \$1800\*\* (excluding uniforms). This covers airfare (interstate only), accommodation, minibus hire and team kitty (including all meals).
- **Under 23 Men's Team:** The cost to attend the Under 23 Nationals is to be advised
- **Queensland Patriots :** The cost to the John Reid Shield will be approx \$1400.

**UNIFORM:** Each player is required to have each uniform item in the kit. A full kit costs approximately \$400\*\*.

**\*\* Please note that the costs are estimates only and are subject to change\*\***

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*The nomination fee of \$35 is non refundable. Nominations will be accepted at the SQI Office only. It is the nominee's responsibility to ensure their nomination is received by the SQI Office on or before the closing date. A late fee (\$55) in addition to the \$35 nomination fee will be payable if the form and/or payment is received after the closing date or not at all. There will be no exceptions, unless proof is provided that the form was sent to SQI and payment made prior to the closing date.*

**IF POSTING A NOMINATION FORM, PLEASE DO NOT SEND CASH IN THE MAIL**

**Softball Queensland Representative Team Event Schedule:**

John Reid Shield	Queensland Patriots	14 – 20 January 2018	ACT
Laing Harrow Shield	Under 23 Men	July 2018	TBA
Nox Bailey Shield	Under 19 Men	22-28 January 2018	Blacktown, NSW
Arthur Allsop Shield	Under 17 Boys	6-12 January 2018	Blacktown, NSW

**Please read carefully before completing the form and signing below:****Drug Testing Information:**

The Queensland Government introduced the "Sports Drug Testing Act 2003". The Act provides a legislative framework for the conduct of drug testing of State level athletes and gives ASADA the legal right to test any State open level athlete for the use of drugs and doping methods.

**Athletes Eligible for Testing:**

- Athletes competing/selected to compete as a State representative in an open aged sporting competition.
- Athletes who may be selected (nominating players) from a group of persons to compete as a representative of the State in an open aged sporting competition.
- Athletes competing in or training for an open aged sporting competition and receiving State Government support.
- Athletes prevented from participating in open aged competition because they have been entered in the Register of Notifiable Events by ASADA.

**NOTE: Testing may be conducted IN (State/National Championship) OR OUT (any other time) OF COMPETITION.**

For information on the SAL/SQI Anti-Doping Policy, contact the SQI Office on 3591 2447, SAL Website [www.softballorg.au](http://www.softballorg.au) or your own District Association Secretary.

For information of banned substances contact: **ASADA DRUGS IN SPORT HOTLINE 1800 020 506**

**Code of Conduct:** SQI By-Law 22.4 as follows: - All personnel selected in a QLD Representative team shall at all times abide by the procedures and guidelines as set out in the representative team/squad policy documents. Where any such personnel breach the policy such to be reported to the General Manager and the Executive Committee may dismiss that person from the team and direct the relevant Selection Committee to choose a replacement.

**Payment of expenses relevant to representing Softball Queensland:** All payments must be made in full no later than 21 days prior to departure to the relevant event. A payment plan is available. However, all expenses must be paid in full prior to departure to the relevant event. Any costs incurred because of the late withdrawal/removal of a member of a representative team shall be the responsibility of the individual.

**Agreement to terms and conditions of nomination**

I acknowledge that the SQI Rules, By-Laws and Policies are available for my information from the SQI website ([www.qld.softball.org.au](http://www.qld.softball.org.au)). I have read and understood all information on this nomination form and agree to abide by all SQI Rules, By-Laws and Policies.

If I have made myself available for selection in multiple Queensland Teams, and if selected, I agree that I am able to fulfil the financial commitment (approx \$1800\*\* per team), attend all trainings and fulfil my responsibilities to represent Queensland in all these teams.

I agree to abide by the Softball Queensland Inc & Softball Australia Ltd Anti-Doping Policies and consent to undertake drug testing as required.

I have read and understood all information on this nomination form, including but not limited to: Codes of Conduct, expectations, payment of expenses, Drug Testing, and agree to abide by all SQI Rules, By-Laws and Policies.

Name of Nominee: \_\_\_\_\_ Name of Parent / Guardian: \_\_\_\_\_  
(If nominee is Under the age of 18 years)

Signature of Nominee: \_\_\_\_\_ Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**AGREEMENT TO CAPTURE MY IMAGE -****Please tick the appropriate box and sign below:**

I give permission  / **do not** give permission  for SQI to take and use images of me / my child for promotional and development purposes including all media, brochures, posters, website and marketing collateral for Softball Queensland Inc, Softball Australia Ltd and any relevant Queensland Government Sport and Recreation programs.

**Please print clearly and complete fully**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: (this year) \_\_\_\_\_

**() Tick the box of the State Championship/s you are participating in & complete the information requested:**

State Championship	District Association Representing	Home Association (if applicable)
<input type="checkbox"/> Open Men's	_____	_____
<input type="checkbox"/> Under 17 Boy's	_____	_____
<input type="checkbox"/> Under 19 Men	_____	_____

Please indicate which team/squad/s you wish to nominate for by placing a tick () in the box provided.

<input checked="" type="checkbox"/> Tick Box	Closing Date	Age Guidelines
<input type="checkbox"/> Queensland Patriots	<b>9 October 2017</b>	
Uniform Number: _____ (If Known)	Nominated Positions: 1st Preference _____	2nd Preference _____
<input type="checkbox"/> U23 Men's State Team	<b>9 October 2017</b>	must be under 23 as at 31 December 2017
Uniform Number: _____ (If Known)	Nominated Positions: 1st Preference _____	2nd Preference _____
<input type="checkbox"/> U17 Boy's State Team	<b>11 September 2017</b>	must be under 17 as at 31 December 2017
Uniform Number: _____ (If Known)	Nominated Positions: 1st Preference _____	2nd Preference _____
<input type="checkbox"/> U19 Men's State Team	<b>25 September 2017</b>	must be under 19 as at 31 December 2017
Uniform Number: _____ (If Known)	Nominated Positions: 1st Preference _____	2nd Preference _____

**PLAYER DRAFT FOR NATIONAL CHAMPIONSHIPS**

Softball Australia Ltd and Softball Queensland Inc provide an avenue for players not selected in a Queensland Team to be eligible for the player draft and participate in National Championships for another State/Territory. Should you be interested in accessing this opportunity, if not selected in the Queensland Team, please complete the box below and complete the "Player Draft" form attached to this nomination. Full details of the draft system can be found on the Softball Australia Ltd website.

**Should my nomination for selection in a Queensland Softball Team be unsuccessful, I am available for the player draft to compete in the National Championship for another State.** Please circle your availability: YES NO

**REMITTANCE SLIP**SQI Operations Manager - [admin@softballqld.asn.au](mailto:admin@softballqld.asn.au)

Please Pay: Softball Queensland Inc.

<b>Direct Deposit Details</b> – Please use player's name and age group as reference <b>Any direct deposits must be made 2 days prior to the closing date</b>		<b>BSB: 084 391</b> <b>Account Number: 557 965 352</b> <b>Account Name: Softball Queensland</b>
<b>Customer Name:</b>		<b>Amount:</b>
<b>Method of Payment:</b> Please tick: Cheque <input type="checkbox"/> Other <input type="checkbox"/> Credit Card Type: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>		
If paying by credit card Please complete the following: _____		_____
Name on Card: _____		Expiry Date: ____/____
Signature: _____		

Please note that a 2% surcharge is applied to Credit Card transactions. This charge will help offset service fees and charges made of the Association to provide this facility.



# Australian Championship Nomination for Inclusion in Player Draft Form 3

I \_\_\_\_\_  
(print full name)

of \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

A registered member of \_\_\_\_\_  
(State Association)

apply to be included in the player draft for the \_\_\_\_\_  
(year and name of national event)

In making this application I declare that:

- I made myself available for selection, but was not successful in gaining a position in my home State's team
- OR**
- I cleared to another State after 1 August and did not have the opportunity to try out for the State I was registered with at 1 August due to the State team tryouts occurring after the date I cleared.

I am also aware that should I be entered in the national draft pool:

- I may be selected by any Member State participating in the draft and that State may not necessarily be my preferred choice.
- Once selected by a Member State, I am bound to play for that State in the ensuing national event unless I withdraw for any reason or I am recalled (for Australian championships only) by my home State by the closing date for recall.
- I may withdraw from that Member State's team for any reason. However, upon withdrawal, I acknowledge that I will no longer be eligible to be selected by any other Member State or my home State for that Australian event (unless recalled by my home State for a Australian championship).
- I will abide by the relevant requirements of the Member State's team management at all times, both on and off the field, while I am acting in the capacity as a representative of that team and State.
- I agree that I may be charged a levy to represent the Member State that I am drafted to, however it will be no more than what I would have been charged if I was representing my member state.

In support of my nomination for inclusion in the player draft, I provide the following information:

My preferred playing positions are:

1 \_\_\_\_\_ 3 \_\_\_\_\_

2 \_\_\_\_\_ 4 \_\_\_\_\_

Date of birth: \_\_\_\_\_

Throw:  Left  Right Bat:  Left  Right  Switch

20m sprint time (seconds): \_\_\_\_\_

Home to 2<sup>nd</sup> base sprint time (seconds): \_\_\_\_\_

Representative experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other playing experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

The \_\_\_\_\_ State Association endorses this application for inclusion in the player draft for the above Australian event.

Signed on behalf of Member State: \_\_\_\_\_

Position with Member State: \_\_\_\_\_

Date: \_\_\_\_\_