



## DUAL REGISTRATION FORM

Office Use Only  
Personal  
Number:

SENIOR

JUNIOR

### SECTION 1 – PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Telephone: (Home or Mobile) ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### PRIVACY POLICY:

Your privacy is respected by us. The information you provide on this form will be used to provide services for you and for the purposes of registration, participation, team selection and insurance. It will be passed onto the Australian Baseball Federation (ABF) and to the ABF's insurer. Your information may also be shared with organizations associated with the sport of baseball including, but not limited to, the Australian Sports Commission and Australian Sports Drug Agency. We and the ABF may at times ascertain whether or not it has services or products which may foreseeably meet your needs and notify you about these. We will not however, share your personal contact details with any third party for their commercial use.

If you do not provide the information we may not be able to register you as a member.

We and the ABF comply with the Privacy Act with respect to the collection, storage and security of your personal details.

If you have any concerns or would like to verify any information we hold about you, please contact your Association/Baseball Victoria

### SECTION 2 - REGISTRATION

I am currently registered with the following:

CLUB	ASSOCIATION/COMPETITION	SEASON
_____	_____	_____

Signature of Club Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Association Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to register for Duel Registration with the following:

CLUB	ASSOCIATION/COMPETITION	SEASON
_____	_____	_____

Signature of Club Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Association Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

I declare that the information on this form is true and correct and I declare that I will abide by the Rules, Regulations By-laws and policies of Baseball Victoria and Association/League and body that exist from time to time. I am aware that a copy of these can be obtained from the Club Secretary for my perusal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 - TO BE COMPLETED BY PARENT OR GUARDIAN (IF PLAYER UNDER 18 YEARS)

I, (parent1) \_\_\_\_\_, and on behalf of (parent2) \_\_\_\_\_, being the parents/guardians of (child) \_\_\_\_\_ approve of him/her having duel registration with the above named Baseball Clubs.

We declare that the child of which we are parent/guardian will abide by the rules, regulations and policies of the Association and its affiliate that exist from time to time, a copy of which can be obtained from the club Secretary for our perusal.

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

**PLEASE NOTE:** This form must be returned to Baseball Victoria Administrator prior to participating in any competition game that involves Duel Registration. It is mandatory that players and clubs use the Duel Registration Form.