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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MELVILLE MARINERS TEE-BALL CLUB INC  **REGISTRATION FORM - 2018/2019 SEASON**   * Please complete this form clearly using a separate form for each child. * Register with payment (cash or cheque only) in person at Registration Day, Saturday 8th September 2018,   12:00 – 2:00 pm or email completed registration form along with EFT receipt to [registrar@melvillemarinersteeball.com.au](mailto:registrar@melvillemarinersteeball.com.au) *(See Section 3 below for EFT details)* | | | | | | | | | | |
| **Section 1 – Player Details *(player must be at least in pre-primary or turning 6 in 2018)*** | | | | | | | | | | |
|  |  | **/ /** | | | |  | |  | | |
| Surname | Preferred First Name | Date of Birth | | | | Sex (M / F) | | Previous Members (Yes/No) | | |
|  | | | | | |  | | | |  |
| Street Address | | | | | | Suburb | | | | Postcode |
|  |  | | | | |  | | | | |
| Home Phone | Mobile Phone | | | | | Email Address | | | | |
| Name of School Child Attends: | | | | | | Year at School: | | | | |
| Uniform shirt size (please circle one):  **4 6 8 10 12 14 16** | | | | Names of up to 2 friends you would like to play with (we promise we will do our best!): | | | | | | |
| Preferred training day **Tuesday  Thursday**  **Either ** | | | | | | | | | | |
| Are there any medical conditions or special needs regarding your child we need to be aware of (e.g. asthma, motor control, epilepsy, allergies, other)? Please specify. A medical certificate may be required by the Club. | | | | | | | | | | |
| **Section 2 – Parent Information and Details** | | | | | | | | | | |
| Mother’s/Guardian’s Name: | | | Father’s/Guardian’s Name: | | | | | | | |
| I am interested in becoming a **SPONSOR Yes -  No -** *(Minimum $250 for consideration)* | | | | | | | | | | |
| ***We can’t do it without your support…***  We are a club operated by volunteer parents with the sole objective of providing a fun and safe environment for our children / players. Without your help we cannot achieve this and all parents are required to provide support in at least one of the following roles. | | | | | | | | | | |
| Please mark a ***M*** (Mum), ***D*** (Dad) or **G** (Guardian) or ***B*** (Both) e.g. Coach - ***M***   |  |  |  |  | | --- | --- | --- | --- | | **Coach:** | **Assistant Coach:** | **Umpire:** | **Manager:** | | **Base Coach:** | **Scorer:** | **Set-up/Set-down:** | **General Committee:** | | | | | | | | | | | |
| ***I, THE UNDERSIGNED, understand and accept the following points:-***   1. **The Melville Mariners Tee-Ball Club Inc. or any Committee member, official, coach, manager or umpire cannot be held responsible for any injury sustained by the above player, or the loss of any property during the game, training session or related event.** 2. **Team allocation is in accordance with the current rules of the Club.** 3. **I have read and acknowledge the “Code of Conduct” obtained from the Melville Mariners Tee-Ball Club website and have retained my own copy (www.melvillemarinersteeball.com.au/parents).** 4. **Photographs from games may be posted on the Melville Mariners Tee-Ball Club website/social media/flyer/newsletter. Parent / Guardian are deemed to approve of photographs of their children being published, unless advised otherwise by ticking the box below.**   **I do not approve ** | | | | | | | | | | |
| **Parent or Guardians Signature** | | | | | | | **Date / /** | | | |
| **Section 3 – Fees** | | | | | | | | | | |
| **Registration $130.00 Additional Sibling $120.00**  Fees include team photo and participation trophy. Admin fee for cancellation $15  **Melville Mariners Tee-Ball Club Inc. (shown currently as East Fremantle Tee-Ball Club)**  **BSB: 066121 Account: 00907220**  **Reference: Surname** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Section 4 – Payment *MMTBC USE ONLY*** | | Receipt No: | | | Fee paid: | | | | Date / / | |
| **** EFT (Paid before Registration Day)**** CASH **** CHEQUE**** KIDSPORT VOUCHER | | | | | | | | | | |