

PLAYERS' FEE STRUCTURE FOR 2010

The Club has restricted overall playing costs for Members as best it can.

However, player fees include the Melbourne Winter Baseball League Annual Registration Fee, and an Australian Baseball Federation Fee of \$25, which must be paid by those playing baseball for the first time this Winter Season or those who did not play in the Summer Season.

These Fees must be collected by winter league clubs.

AGE GROUP	REGISTRATION FEE	PLAYING TOP LEVY (refundable)	TOTAL	ABF FEE If applies
Under 10	\$ 40.00	-----	\$ 40.00	\$12
Under 13	\$ 110.00	\$20.00	\$130.00	\$25
Under 15	\$ 115.00	\$20.00	\$135.00	\$25
Under 17	\$ 120.00	-----	\$120.00	\$25
Juniors Playing Seniors	\$ 205.00	-----	\$205.00	\$25

The playing top levy is refundable at the end of the season on return of the playing top.

Family Membership: Senior with 1 or more Juniors playing or 2nd and subsequent Junior players, a discount off Club portion of fees beginning from lowest age group upwards apply. No further discounts apply.

PAYMENTS I enclose my payment of \$ ____ : ____

DIRECT DEPOSIT : B.S.B. **033-052** ACC.No. **10-4996**
(Name & Team as reference please)

CHEQUES TO : WAVERLEY BASEBALL CLUB Inc.

CASH TO : TREASURER OR ANY BOARD MEMBER
(get a receipt)

CREDIT CARD: MasterCard, Visa Card or EFTPOS
(machine at the Club)

Caps available at the Club.
Basic \$10 and FlexiFit \$25

WAVERLEY BASEBALL CLUB INC

Registered Number A0001474L

"HOME OF THE WILDCATS"

JUNIOR PLAYERS REGISTRATION WINTER - 2010



RETURN BY MARCH 27th 2010 TO THE SECRETARY
PO BOX 910, GLEN WAVERLEY 3150

Winter Coordinator, Karen Mason: 9759 6235
or

Secretary, Robyn Karlsen: 9561 9937

wildcats@waverleybaseball.com
www.waverleybaseball.com

PLAYERS INFORMATION

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

SURNAME: _____

FIRST NAME: _____

ADDRESS: _____

SUBURB: _____

POST CODE: _____

PHONE NO: _____

DATE OF BIRTH: Day _____ Month _____ Year _____

* Have you ever been registered with any other baseball club playing winter baseball? Yes No

* IF YES, WHAT CLUB? _____

* Have you any medical problem that may impede your baseball? If so list briefly. _____

PARENTS ARE ADVISED THAT THE WAVERLEY BASEBALL CLUB INC. HAS NO ACCIDENT INSURANCE COVER ON JUNIOR PLAYERS. THEREFORE, YOU ARE ADVISED TO COVER PRIVATELY SHOULD YOU FEEL IT NECESSARY.

I _____ (Player) HEREBY AGREE TO TO ABIDE BY ALL THE RULES AND CONDITIONS LAID DOWN BY THE WAVERLEY BASEBALL CLUB INC.

SIGNED BY PARENT/GUARDIAN _____

OFFICE USE ONLY

U13 U15 U17 Insurance Fee Uniform Levy PAID

PARENT INFORMATION

MOTHER'S NAME:

SURNAME: _____

FIRST NAME: _____

OCCUPATION: _____

MOBILE: _____

MOTHER EMAIL: _____

FATHER'S NAME:

SURNAME: _____

FIRST NAME: _____

OCCUPATION: _____

MOBILE: _____

FATHERS EMAIL: _____

THE CLUB REQUIRES PARENTS TO HELP IN AT LEAST ONE OF THE FOLLOWING AREAS. Please indicate your preference:-

Coach Canteen

Team Manager Sponsor

Scorer Ground Work

Umpire

Other Ways? Please Specify _____

All parents are obligated to fill one of the above roles at some point during the season as the need arises. Duties such as ground work (marking and setting up diamonds with bases etc) and canteen are performed relevant to your childs playing time and the more volunteers we have sees your involvement kept to a minimum.