



Victorian
Provincial
Baseball
League Inc.

Office Use Only
Personal
Number:

DUEL REGISTRATION FORM

SENIOR

JUNIOR

SECTION 1 - PERSONAL DETAILS

Surname: _____ First Name: _____

Current Address: _____

Postcode: _____

Current Mail Address: _____

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/League

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 the VPBL 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 the VPBL Administrator prior to participating in any competition game that involves Duel Registration. It is mandatory that players and clubs use the Duel Registration Form.