



Bunbury & Districts Softball Association Inc

Teeball ● Junior Softball ● Senior Softball

Member Application/ Registration

(Must be completed by all members) Date:.....

Full Name

Address

Phone #

Mobile #

D.O.B

Occupation

Name of Club
(If Applicable)

Email Address

Medical
Conditions

Yes / No

If yes, pleas explain:

First Aid
qualifications

I wish to become a (select one of the below catergories) member of the Bunbury & Districts Softball Assocoation Inc for 2016/2017 season.

- Senior Playing Member Club Official (non playing) Junior (U17)
- Social Member Sub Junior (U13)

By becoming a member of the Bunbury & Districts Softball Association Inc I agree to abide by the associations rules, by- laws/ground rules, codes of conduct and any other conditions that may be imposed from time to time by the Association. A copy of the Association's consistution is available on www.badsa.com.au

.....
Player's Signature (Over 17yrs)

.....
Signature of Parent/Guardian (U17years)

To be completed by BADSA Registrar

Date Received _____

Date Entered _____

Player Membership # _____

Registrar Signature _____