



WMSA

Willetton Mens Softball Association

Registration Form

Applicants Details

Applicant Name: _____

Nickname: _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Date of Birth: _____ **(Must be 25 years or over)**

Applicant's History

Previous and Current Sports involved e.g. Baseball / Softball / Cricket and Grade

Current: _____

Previous: _____

Applicant's Signatory's

Note: New players cannot play until this Registration Form has been submitted to the Registrar. The WMSA Committee will approve all new member nominations.

The WMSA has public Liability Insurance only. Players are responsible for their own medical, hospital, ambulance, vehicle and wages protection insurance if they require it. Players play at their own risk.

Applicant's Signature: _____ Date: _____

Team Information and Signatory's

Nominated Team: _____

Team Captain / Coach Name: _____ Date: _____

Signature: _____

Team Delegate Name: _____ Date: _____

Signature: _____

Registrar check and Signatory

Date of Birth Verified: **Yes / No**

Signature: _____ Date: _____