



# NORTHWIND TORNADO'S™ SOFTBALL CLUB

*ESTABLISHED 2021*



## PLAYER REGISTRATION FOR TEAM DRAFT

**SELECT YOUR JUNIOR LEAGUE SOFTBALL PROGRAM:**

**ROOKIE SOX SOFTBALL (8-12yrs) Nov - Dec \$ 60.00**

**T-BALL Nov - Dec \$30.00**

**ROOKIE SOX SOFTBALL (8-12yrs) Feb - April \$ 60.00**

**T-BALL Feb - March \$30.00**

A/C Number: 03-0458-0013321-00 Particulars: Softball Code: [T-Ball/Rookie] Reference: Players Name.

**GIVEN NAME OF BALL PLAYER:** .....

**FAMILY NAME OF PLAYER:** .....

**DATE OF BIRTH** ..... / ..... / .....

**T-SHIRT SIZE:**  XS  S  M  L  XL  2XL

**FEMALE / MALE**

**POSTAL ADDRESS** .....

**EMAIL ADDRESS** .....

**CONTACT PHONE NUMBER:** .....

**HEALTH & MEDICATION DECLARATION : PLEASE DETAIL YOUR SITUATION**

.....

**LEGAL GUARDIANS NAME:** .....

*IF BALL PLAYER REGISTERING IS UNDER 18 YEARS OLD*

**PLAYER & GUARDIAN DECLARATION:**

I / we the undersigned understand all information given upon this application, can be view and amended by the undersigned at any time. All information given is bound by the New Zealand Privacy Act 2020

PHOTO, VIDEO, AUDIO RELEASE. The undersigned agrees that official representatives of **Northwind Athletics** may take photographs, make videos and audio material of athletes, players coaches and umpires in events and at practice. These materials may be used for display, promotion and or advertising, or sold for profit and the above player & legal guardian of, hereby waives compensation to which they may otherwise be entitled too for appearing in such materials.

Player registration for the season of 2023/24 requires payment of season subscriptions and signed completion of this application form. I / we agree to pay the Season subscription with this registration form or by direct bank deposit to 'Northwind Athletics'. Receipt of registration fee and completed form ensures the above ball player is placed in a team for the Season of 2023/24.

**Players Signature:**  
\_\_\_\_\_

**Guardian's Signature:**  
\_\_\_\_\_

**Officials Signature:**  
\_\_\_\_\_

**Date:**

**Date:**

**Print Name:**  
Paul A Hicks

**PAYMENT RECEIPT No.:** .....

**Date:**