



PLAYING OUTSIDE NATURAL AGE GROUP PLAYING UP CONSENT FORM

1 PLAYER DETAILS

NAME: _____

CLUB: _____ DOB: _____

CONSENT TYPE: 1 (CASUAL) 2 (PERMANENT)

2 PARENT/GUARDIAN

NAME: _____

CONTACT PHONE: _____

CONTACT EMAIL: _____

3 COACH/ASSESSOR

NAME: _____

CONTACT PHONE: _____ NCAS LEVEL: _____

CONTACT EMAIL: _____

4 COACH/ASSESSOR DECLARATION

I, _____, confirm that I have conducted a skills assessment on the abovenamed player and do verily believe playing up an age level would not pose an unacceptable risk of injury to that player.

SIGNATURE OF COACH/ASSESSOR: _____

DATE: _____



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5 PARENT/GUARDIAN DECLARATION

I, _____, the parent/guardian of the abovenamed player (*my child*), wish for my child to participate in baseball outside his or her natural age group.

I will ensure that my child participates in accordance with any safety instructions provided by the abovenamed coach/assessor or any further instructions given by the Greater Brisbane League (**GBL**) Competition Committee.

I understand that by permitting my child to play outside their natural age group, there may be a heightened risk of injury or death.

In the unlikely event of an accident involving my child, I acknowledge that Baseball Queensland (**BQ**), BQ's affiliates (including the GBL) and/or BQ's appointed officer's will not be liable for any direct or indirect loss, damage, injury or death arising from or in connection with participating in baseball in accordance with this consent. I agree to waive all and any claims against BQ, its affiliates and appointed officers in this respect.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

OFFICE USE ONLY

Date Lodged: _____ Time Lodged: _____

Received and actioned by: _____