

# BASEBALL QUEENSLAND PLAYING OUTSIDE NATURAL AGE GROUPS INFORMED CONSENT FORM

Player's Full Name

Club

Region

Player's Age  Player's DOB  Contact Phone#

Contact Email

We the undersigned seek dispensation from BQ/League/Region Age Eligibility Rules and request permission for the listed player to play :

This Application is submitted under Clearance Type:

**Clearance Type 1** requires no assessment and is considered granted once this document is signed by the player's parent/guardian and submitted to the scorers before each game the player play outside their natural age group. Each player is limited to five games playing in an older age group under this clearance type. Players may only play up under this clearance type.

**Clearance Type 2** Requires assessment by a League appointed Officer and approval from the League managing the Competition. You can start this process by completing this form and submitting it to the League managing the competition. Approval is not offered/confirmed until the league has provided you a "Cover Note"

**Clearance Type 3** Requires at least three written references from currently accredited coaches with at least one of these references coming from a current Queensland Rams Coach. Approval is not deemed offered/confirmed until Baseball Queensland has provided you a "Cover Note".

I/we make this application for the following reasons:

I would also like to apply for permission to  Pitch in the age group I am applying to play in (as listed above)  
 Catch in the age group I am applying to play in (as listed above)

**All of the above information is to our knowledge true and correct. We as a unified group believe these to be the exact reasons for seeking this dispensation. As such, we absolve Baseball Queensland and ANY of its employees of any liability that may occur as a result of said player being given this dispensation. This liability may include, but is not limited to personal injury/death, emotional trauma and decreased skill development as a player.**

I,  the parent/guardian of

I confirm that the above named child is under 18. I wish the above child to participate in Baseball as outlined in this application to play outside the child's Natural Age group.

I declare that I am the legal parent or guardian of the child and I have the authority as such to sign this Disclaimer.

I confirm that I do not know of any medical condition that I or any child under my care suffer from which might have the effect of making it more likely that I or any child under my care be involved in an incident which could result in injury to myself or others.

I am responsible for the child listed above and confirm that they are in my care. I will ensure that the child participates in accordance with the specific safety instructions provided by the Assessor and the Cover Note issued to me once approval has been ratified by the league.

I understand that the Service will be undertaken without direct supervision following the safety instruction. I therefore agree at all times to ensure that I and the child(ren) under my care wear all protective equipment provided by the Company and to ensure that all safety instruction is carried out.

I understand that by permitting my child to play outside their natural age group, I accept that there is a risk of injury or death when undertaking such activities.

In the unlikely event of an accident involving myself or the child under my care or any loss or damage to our personal effects, I acknowledge that Baseball Queensland (BQ), BQ's affiliates and or BQ's appointed Officers 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 my pursuit of permission to be exempt from any standing Rule or By-law (except where excluded by law). I agree to waive all and any claims against Baseball Queensland, its affiliates and appointed Officer's in this respect in respect of myself and the child under my care.

I hereby request and authorise a Baseball Queensland (or Regional Affiliate) appointed Officer to conduct an assessment of the child listed on this application.

I acknowledge that Baseball Queensland or an appointed Officer has conducted a skills assessment on the child listed on this form and made the results of that assessment available to me.

I accept that should the child under my care not be compliant with any restrictions/limitation as set out in the cover note they will be unable to participate in Baseball. In this instance I accept that Baseball Queensland or its affiliates shall be under no obligation to provide a refund.

I acknowledge and confirm that I have read and understood Baseball Queensland's Terms and Conditions and Disclaimer and I accept the terms contained therein

Signature of Parent / Guardian listed above  
(Required for all Clearance Types)

Date Signed by Parent

Email Address

Address:

Club Team Coach

Club Coach Signature

Required for All Clearance Types

Date

Regional Director of Coaching

RDC Signature

Only Required for Clearance Types 2 and 3

Date