



**BASEBALL WA
DUAL REGISTRATION JUNIOR FORM
SEASON: 20__ / __**



This form is to be completed by the Club / Association who is seeking permission for a player to have dual registration to play in the Regional / Metropolitan competition or to play in a competition for another club as it is not offered at your club.

SURNAME: _____ GIVEN NAMES: _____

ADDRESS: _____ SUBURB or TOWN: _____

POSTCODE: _____ DATE of BIRTH: _____

GENDER: _____ PH: (M) _____

EMAIL: _____

DUAL REGISTRATION DETAILS

CLUB PLAYER IS MEMBER OF: _____

REQUEST DUAL REGISTRATION WITH: _____ CLUB / ASSOCIATION STATE _____

REASON FOR REQUEST: _____

REQUESTING CLUB REGISTRAR'S NAME: _____ SIGNATURE _____

(Signed & Dated by Club applying for permission)

DATE: _____

Parent seeking permission for Child to be dual registered at another club.

PARENT NAME _____ PARENT SIGNATURE X _____

Date ____/____/____

CURRENT CLUBS APPROVAL: SIGNATURE: _____ DATE: ____/____/20____

NAME: _____

COMMITTEE POSITION: _____

Return this form to the Operations Support Manager: support@baseballwa.asn.au for approval of Dual Registration

LLWA office use only

BWA Approval: Date: ____/____/____ BWA OSM: _____

Clubs will receive a copy of this form once BWA has approved the dual registration