World Children Baseball Foundation 2016 Application

Athlete Nomination For

# Athletes must be 10 or 11 years old on the 17th August, 2016

**Nominations close with the ABF on 26th February, 2016**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ATHLETE NAME:** | |  | | | | | **DATE OF BIRTH:** | |
| **ADDRESS:** | |  | | | | | | |
| **PHONE:** |  | | | | | **PARENTS MOBILE:** | | |
| **PARENTS/GUARDIAN NAME (s):** | | | |  | | | | |
| **PARENT EMAIL(s):** | | | |  | | | | |
| **PLAYER EMAIL:**  ***If applicable*** | | | |  | | | | |
| **HEIGHT (cm):** | | | | | **WEIGHT(kg):** | | | |
| **GENDER: M or F (please circle)** | | | | | **MEMBERSHIP NUMBER:** | | | |
| **STATE/TERRITORY ASSOCIATION:** | | | | | **CLUB:** | | | |
| **COACHES NAME:** | | | | | **COACHES CONTACT:** | | | |
| **BATS (R/L):** | | | | | **THROWS (R/L):** | | | |
| **POSITION(S) PLAYED:** | | | | | | | | |
| **PASSPORT NUMBER:** | | | | |  | | | |
| **MEDICAL HISTORY:** | | | | |  | | | |
| **ALLERGIES:** | | | | |  | | | |
| **PHOTO ATTACHED:** | | | | |  | | | |
| **PARENTS SIGNATURE:** | | |  | | | | | **DATE:** |

***Note:*** Players will be required to pay a levy to cover some ancillary costs.

**Athletes must hold an Australian passport to be eligible for this team.**