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.**