**MELBOURNE WINTER BASEBALL LEAGUE –**

Choose an item.

2025 **VICTORIAN WINTER STATE CHAMPIONSHIPS REPRESENTIVE SQUAD**

**APPLICATION FORM:**

**PLAYER NAME:**

**PLAYER DATE OF BIRTH**: Click or tap to enter a date.

**WINTER CLUB:** Choose an item. **AGE GROUP**: Choose an item.

**BATS:** Choose an item. **THROWS:** Choose an item.

**PREFERED POSITION 1**:Choose an item. **PREFERED POSITION 2**:Choose an item.

**HEIGHT:** **WEIGHT:**

**JUMPER SIZE:** Choose an item. **T -SHIRT SIZE:** Choose an item.

**SCHOOL:**

**YEAR LEVEL**:

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**PARENTS/GUARDIANS Please answer:**

**Q1:** *Do you consent photographs being taken, stored, and used on social media to promote baseball within the Melbourne Winter Baseball League – Winter Associations?* Choose an item.

**Q2**: *Do you consent players full to be used on social media team announcement?* Choose an item.

**--------------------------------------------------------------------------------------------------------------------------------------PARENT/GUARDIAN 1:**

**FULL NAME:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**INTERESTED IN THE FOLLOWING POSITIONS:**

HEAD COACH Choose an item.  ASSISTANT COACH Choose an item.

EXECUTIVE OFFICER:  SCORER:

WORKING WITH CHILDRENS CHECK NUMBER: (*Please attach a copy to application)*

**PARENT/GUARDIAN 2:**

**FULL NAME:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**INTERESTED IN THE FOLLOWING POSITIONS:**

HEAD COACH Choose an item.  ASSISTANT COACH Choose an item.

EXECUTIVE OFFICER:  SCORER:

WORKING WITH CHILDRENS CHECK NUMBER: (*Please attach a copy to application)*