



Physical Address: JP Bezuidenhout Stadium, 17th Avenue, Edenvale, Gauteng

Postal Address: PO Box 8168, Edenglen, 1613

## PLAYER REGISTRATION FORM

Seniors Winter 2025

### PLAYER'S INFORMATION

Surname			
First Names			
Date of Birth			
Age at 31/12/2025	Gender: Male/Female		
ID Number			
Player Info	Bats L / R	Pitches L / R	(Please circle)
Playing position/s			
Shirt Number	CLUB:	PROVINCIAL:	

### ADDRESS

Home Address	

### MEDICAL AID

Name of Medical Aid	
Medical Aid Number	
Name of Doctor	
Doctor Tel No	
Person to contact in emergency	
Health Info (Allergies etc)	

### CONTACT DETAILS

Cell #	
E-Mail address	

### OTHER

Current Club	
Previous Club	

(Include Club Clearance if applicable)

**PLEASE INCLUDE COPY OF ID WITH REGISTRATION & INDEMNITY FORM**



President: anelinebutler13@gmail.com

Cell: 083 231 4070

Chairman: freshwaterjohn@gmail.com

Cell: 074 283 9295

Secretary:

Cell:

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## SENIOR PLAYER INDEMNITY FORM – 2025

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I, \_\_\_\_\_ (Player's name) ("hereinafter referred to as the Player"), do hereby indemnify and hold harmless the Giants Imps Baseball Club, Johannesburg Baseball Federation (JBF) and Gauteng Province Baseball Council (GPBC), ("hereinafter referred to as The Parties") and each of its officers and employees against any claim of damages, injury and/or loss which I and/or any member of my family and/or the Player may sustain by virtue of any conduct and/or sports injury which may arise whilst my aforementioned Player partakes in sport, for and on behalf of Giants Imps Baseball Club.

I accept that all reasonable precautions will be taken to ensure the safety and welfare of the Player and that I shall be held responsible for the payment of the medical and/or hospital accounts, where applicable, should an injury / illness be sustained which cannot be ascribed to negligence on the part of the Managers/Coaches responsible.

I hereby authorize the Managers/Coaches to act as my agent in contracting with any medical institution should the Player be injured or require medical assistance, whilst under the care of the Managers/Coaches or whilst practicing or playing sports.

**I confirm that, to the best of my knowledge, I am in good health.**

**I confirm that the details supplied are correct. Should any information change, I will notify the club of such change required.**

**I AGREE TO PAY THE ANNUAL SUBSCRIPTION LEVIED BY THE CLUB.**

**SUBSCRIPTIONS FOR 2025 WILL BE R1100.00**

PLACE OF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PLAYER: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_