

N.S.W. JUNIOR BASEBALL LEAGUE Inc.
NOMINATION FORM
13U JAPAN TOUR

*****DATE CHANGED TO*** 9.30 am on SUNDAY 24 February 2019**

Venue: TBA

NSW Junior Baseball League is an independent League which has served Junior Baseball since 1990.

We are not currently affiliated with Baseball NSW or the A.B.F

Nominations close on Wednesday 20th February, 201

send to: N.S.W. Junior Baseball League

P.O. Box 2020, North Parramatta 1750

Fax to: 9674 1969

email to: contact@nswjuniorbaseball.com.au

REGISTER EARLY - there is a \$10 fee for late nomination.

Note: Players attending initial trials will be advised of any additional trials

To check whether trials are still on in case of inclement weather:

Telephone the NSWJBL Information line - 1900 920 229 - line #3

N.S.W.J.B.L. trials will select players to visit Iwate Japan in August 2019 as part of our cultural exchange programme with IBA Japan. Players' ages must be under 13 years of age at 31.12.19. (2006 & 2007 birthdates). Children born in 2005 will only be considered if additional players are required to fill teams.

Costs for the tour have not yet been finalised but will be no more than \$2,700. Non-members are welcome to nominate. Should positions become available for players from Associations which are not currently affiliated with N.S.W.J.B.L. Inc. they will be required to pay \$220 surcharge.

On selection payments will be made progressively up until 30 June 2019. Applications for additional time to pay will be considered in confidence by the League. The payment is all inclusive covering uniform, walkout gear, insurance, transport costs and contributions to coaching and general expenses. The team will enjoy a complete cultural experience staying with local families during their stay in Japan as well as participating in a strong tournament .

CONSENT DECLARATION

I give my child permission to participate in the Trials and in subsequent activities if selected. If in the event of an accident or serious illness I cannot be contacted, I give permission for League officials to seek medical attention/ambulance on my behalf. I understand that the onus is on me as the parent/guardian of this player to follow NSWJBL procedures for notification of the use of any proscribed medication.

Signed:

Date:

SURNAME:

GIVEN NAME:

ASSOCIATION / CLUB:

DATE OF BIRTH:

**POSITIONS
NOMINATED:**

1
2

HOME ADDRESS:

HOME PHONE:

POST CODE:

MOBILE:

EMAIL: