



S O F T B A L L N E W Z E A L A N D

PICK-UP AUTHORISATION FORM

FOR NATIONAL ASSOCIATION TOURNAMENTS

This form is to confirm that the parties concerned have agreed to the player participating in the _____ Tournament for a team OTHER THAN their Parent Club or Association.

Once signed it remains in force until the end of the stated Tournament.

Please Note: Athletes must have been registered as a representative player within their own association first. Athletes cannot remove themselves from a representative pool within their home association, then be selected by an outside ('pick up') association.

ATHLETE INFORMATION

Full Name: _____

Date of Birth: ____ / ____ / ____ Registered Club: _____

Signature: _____ Date: ____ / ____ / ____

"PICK-UP" ASSOCIATION

The _____ Softball Association agree to the athlete above being "picked" up as a representative for the mentioned National Tournament.

Association Secretary: _____ Date: ____ / ____ / ____
(SIGNATURE)

PARENT (REGISTERED) ASSOCIATION

The _____ Softball Association clear the athlete above to be "picked" up as a representative for the mentioned Association and National Tournament.

Association Secretary: _____ Date: ____ / ____ / ____
(SIGNATURE)

SOFTBALL NEW ZEALAND

SNZ Tournament Representative: _____ Date: ____ / ____ / ____
(SIGNATURE)

Must be presented to the Softball NZ Tournament Representative no later than Managers Meeting of stated Tournament. Forms can be emailed to arussell@softball.org.nz for prior approval.