



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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARENT (REGISTERED) CLUB

The \_\_\_\_\_ Softball Club clear the athlete above to be "picked" up as a representative for the aforementioned Tournament with the following Association.

Club Secretary: \_\_\_\_\_      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(SIGNATURE)

### "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.