



# APPLICATION FOR MEMBERSHIP OF VOLLEYBALL VICTORIA

Volleyball Victoria Incorporated  
State Volleyball Centre  
270 Stud Road, Dandenong  
North, Victoria, 3175  
ABN: 65 891 207 335

Phone: 03 9794 0009  
Facsimile: 03 9794 6006



This form is a TAX INVOICE when completed

YES  NO

Person is Coach

YES  NO

Person is Referee.

First name \*

Last name \*

Date of birth \*

Gender \*

Address line 1 \*

Address line 2

Town/suburb \*

Post code \*

State of residence

Home phone

Work phone

Mobile phone

Email address

Coach qualifications

Referee

Coach/Referee ID

Coach expiry

Referee expiry

YES  NO

Person is player

Club or Association \*

Team Name (if applicable).

Name of School

Membership expiry

Membership category

YES  NO

Receive promotional material 3<sup>rd</sup> Parties

YES  NO

Receive info from Volleyball Victoria

YES  NO

Receive info from Volleyball Australia

VVI ID No. (If Known)

Please note that all boxes marked with \* must be completed

VVI Membership category	Cost incl GST
<input type="checkbox"/> State League /Beach Tour - Full Adult Member	\$62
<input type="checkbox"/> Adult Social	\$47
<input type="checkbox"/> Adult/Jnr. Single Event <small>Please note Single Event Registration does not include Player Accident and Injury Insurance</small>	\$27
<input type="checkbox"/> Under 19	\$37
<input type="checkbox"/> Under 13	\$15

**PLEASE COMPLETE AND SIGN THE REVERSE OF THIS VVI MEMBERSHIP APPLICATION**

I.....[insert name]

hereby apply for membership of VVI. In applying and in consideration of my application for membership being accepted I **acknowledge and agree** that:

1. **“VVI”** for the purposes of this membership application means and includes Volleyball Victoria Incorporated, its members (including Affiliated Associations and Member Clubs) and where the context so permits, their respective directors, officers, members, servants or agents.
2. **If accepted I will be a member** of Volleyball Victoria and [insert.....Affiliate (for example Ballarat, EMVA ).
3. **This document cannot be amended.** If I do amend it my application will be null and void. It cannot be accepted by VVI.
4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised VVI activity (*For insurance details contact OAMPS on 03 9412 1381*) I can, in my own interests, seek and obtain personal insurances over and above the cover provided by VVI. Note Players who elect to register for a Single Event are not covered by Insurance.
5. **The VVI Constitution** is a contract between myself and VVI. I will be bound by it and any By-Laws and policies made under it. It is necessary and reasonable for promoting VVI and volleyball. For the avoidance of doubt, I acknowledge and agree to comply with the Constitutions, By-Laws and policies of VVI, and [Insert ..... [Affiliated Association] if my application is accepted.
6. **Warning:** Volleyball can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in volleyball.
7. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that VVI is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any VVI Activity.
8. **Release and Indemnity:** In consideration of VVI accepting my application for membership I:
  - (a) release and forever discharge VVI from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any VVI Activity; and
  - (b) indemnify and hold harmless VVI to the extent permitted by law in respect of any Claim by any person including but not only another Member of **VVI** arising as a result of or in connection with my membership and/or participation in any **VVI** Activity.

In this **clause 8 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant **VVI** insurance policy or under the **VVI** Constitution or any By-Laws.
9. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any **VVI** Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify VVI in writing through my State Affiliate or Member Club of any change to my fitness and ability to participate. I understand and accept that VVI will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. **I have provided the information required and signed this form.** I warrant that all information provided is true and correct.
11. **Privacy:** I understand that the information I have provided on the application form is necessary for the objects of VVI. I acknowledge and agree that the information will be disclosed by my Affiliated Association to VVI and will only be used for the objects of VVI, VVI general business and to provide me with membership services. I understand that I can access my information through VVI, my State Affiliate and/or Member Club. I acknowledge that VVI may at its discretion provide my personal information to the Australian Volleyball Federation {AVF} and may also use my personal information for the purposes of providing me with promotional material from AVF sponsors or third parties. I may advise VVI on the application form if I do not wish to receive from VVI, any VVI sponsors or third parties promotional material.
12. **Copyright and right to use image:** I acknowledge and consent to photographs being taken of me during my participation in VVI Activities. I acknowledge that the photographs are owned by VVI and that VVI may use the photographs for promotional or other purposes without my further consent being obtained. Further, I consent to VVI using my name, image, likeness and also my performance in the VVI Activities, at any time, to promote the VVI Activities by any form of media.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages and services of VVI membership.

Signed: ..... Date: .....

Name: .....

Where the applicant is under 18 years of age this form must also be signed by the applicant’s parent or legal guardian.

I,..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent’s signature: ..... Date: .....