



CAIRNS VOLLEYBALL ASSOCIATION

2013 MEMBERSHIP FORM

Cairns Volleyball Assoc, 129 Mulgrave Rd, Cairns, QLD 4870
P.o. Box 5877, Cairns, Qld., 4870

PERSONAL DETAILS:

Surname: _____ Given Names: _____ Title: Mr/Mrs/Ms/Miss/Dr

Address _____ Suburb: _____ P/C: _____

Gender: Male/Female Date of Birth: ____/____/____ Email: _____

Phone: Home: _____ Work: _____ Mobile: _____ Fax: _____

Junior Members

Parent/Guardian's Name: _____ Daytime Phone: _____

Full-time Student: School/ Tertiary Institution: _____

MEMBERSHIP FEES –

ADULT FULL \$15

JNR U/19 FULL \$5

ONE TOURNAMENT \$5

A junior is defined as a member 18 years or younger as at the 31st December of the year application/payment is made.

DECLARATION

I have read, understood, acknowledge and agree to the below 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, privileges and services of this membership.

As a registered member of Cairns Volleyball I undertake at all times to represent myself in a way that will not bring myself, my registered association, or the sport of volleyball as a whole into disrepute. I accept that failing to abide by this determination could lead to sanction by one or more of the aforementioned bodies.

Insurance is in place that provides limited cover to you whilst you are performing or participating in any authorised or recognised CVA activity.

WARNING: Volleyball can be inherently dangerous. Serious accidents can and often do happen which may result in you being injured. I have voluntarily read and understood this warning and accept the inherent risks in Volleyball

(Where applicant is under 18yo) I, _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behavior and agree to personally accept the conditions set out in this membership application.

Members Signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Membership Number: _____