



VOLLEYBALL QUEENSLAND

2013/14 MEMBERSHIP REGISTRATION FORM

Volleyball Queensland, 150 Caxton St, Milton, QLD 4064
 Ph: 3367 1991 Fax: 3367 2853 Email db@qva.org.au



ABN: 45 476 392 018

NOTE: Prices are valid for registrations received by VQ by 30th June 2014

PERSONAL DETAILS:

Surname: _____ Given Name: _____ Date of Birth: ____/____/____

Address _____ Suburb: _____ P/C: _____

Gender: Male/Female Email: _____

Mobile: _____ Phone: Home: _____ Work: _____

Full-time Student: School/ Tertiary Institution: _____

Junior Members
 Parent/Guardian Name: _____ Daytime Phone: _____

PARTICIPATION DETAILS: Club/Association Name: _____

	FULL	RECREATIONAL	
Please tick at least one	<input type="checkbox"/> Australian Schools Cup	<input type="checkbox"/> Qld Schools Cup	<input type="checkbox"/> Club-run competitions
	<input type="checkbox"/> PVL – State League	<input type="checkbox"/> Metro - Runcorn	<input type="checkbox"/> State Championships
	<input type="checkbox"/> Qld State Team	<input type="checkbox"/> Somerville House	<input type="checkbox"/> West End Beach
	<input type="checkbox"/> Beach AAA (QVBT)	<input type="checkbox"/> Beach AA, A, 4s (QVBT)	
	<input type="checkbox"/> National Competitions		

Team name: _____

Note: Recreational was formerly Social or Regional

MEMBERSHIP FEES – Method of Payment on Page 2

Please tick one and only one	Annual	Adult <input type="checkbox"/> FULL \$75	<input type="checkbox"/> RECREATIONAL \$40
		Jnr U/19 <input type="checkbox"/> FULL \$35	<input type="checkbox"/> RECREATIONAL \$20
	<small>A JNR U/19 is a member 18 years or younger as at the end of the year their application is made.</small>		
		Non-Playing <input type="checkbox"/> NON-PLAYING \$0	Non-Playing Role:.....
	One Off	Beach <input type="checkbox"/> TOURNAMENT \$25	Tournament Date:.....
	Upgrades	Recreational to <input type="checkbox"/> FULL ADULT \$40	<input type="checkbox"/> FULL JNR U/19 \$20
		Tournament to <input type="checkbox"/> FULL ADULT \$55	<input type="checkbox"/> REC ADULT \$20

Membership Registration Periods – are a maximum of 12 months cover.

All registrations received from 1st July to 31st December 2013 are considered financial members until the 30th June 2014.

All registrations received from 1st January to 30th June 2014 are considered financial members until the 31st December 2014.

VQ & AVF MEMBERSHIP APPLICATION – Please read and sign declaration on the bottom of page 2.

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

1. "AVF" for the purposes of this membership application and declaration means and includes Australian Volleyball Federation Incorporated, its members (including Member States and State Affiliates) and where the context so permits, their respective directors, officers, members, servants or agents.
2. If accepted I will be a member of the club/association/competition stated on the front page of this membership application form, Qld Volleyball Association and AVF.
3. This document cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by AVF.

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VQ & AVF MEMBERSHIP APPLICATION

4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised AVF activity ('AVF Activity'). (For insurance details contact [OAMPS – 3367 5145].) I can, in my own interests, seek and obtain personal insurances over and above the cover provided by AVF.
5. **The AVF Constitution** is a contract between AVF and me. I will be bound by it and any By-Laws and policies made under it. It is necessary and reasonable for promoting AVF and volleyball. For the avoidance of doubt, I acknowledge and agree to comply with the Constitutions, By-Laws and policies of AVF, Qld Volleyball Association and the club/association/competition stated on the front page of this membership application 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 AVF 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 AVF Activity.
8. **Release and Indemnity:** In consideration of AVF accepting my application for membership I:
 - (a) release and forever discharge AVF 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 AVF Activity; and
 - (b) indemnify and hold harmless AVF to the extent permitted by law in respect of any Claim by any person including but not only another Member of AVF arising as a result of or in connection with my membership and/or participation in any AVF 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 AVF insurance policy or under the AVF 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 AVF Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify AVF in writing through my State Affiliate or Member State of any change to my fitness and ability to participate. I understand and accept that AVF will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. **I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct.
11. **Privacy:** I understand that the information I have provided overleaf is necessary for the objects of AVF. I acknowledge and agree that the information will be disclosed by my State Affiliate to the Member State and AVF and will only be used for the objects of AVF, AVF general business and to provide me with membership services. I understand that I will be able to access my information through my State Affiliate and/or Member State. If the information is not provided my membership application may be rejected. I acknowledge that AVF may also use my personal information for the purposes of providing me with promotional material from AVF sponsors or third parties. I may advise AVF if I do not wish to receive from AVF any AVF 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 AVF Activities. I acknowledge that the photographs are owned by AVF and that AVF may use the photographs for promotional or other purposes without my further consent being obtained. Further, I consent to AVF using my name, image, likeness and also my performance in the AVF Activities, at any time, to promote the AVF Activities by any form of media. I may advise AVF if I do not wish AVF to use my name, image, likeness and also my performance in this way.

DECLARATION

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, privileges and services of this membership.

As a registered member of Volleyball Queensland I undertake at all times to represent myself in a way that will not bring myself, my registered association, Volleyball Queensland, the Australian Volleyball Federation 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.

(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 signature: _____ **Date:** _____

METHOD OF PAYMENT: (Please circle) Cash Cheque MasterCard Visa

Cardholders Name: _____ Amount \$: _____

Card No: _____ / _____ / _____ / _____ Expiry: _____ / _____

VQ official use only	Form received by: _____	Date: _____	Receipt # & Amount: _____
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