



## Central Coast Volleyball Club Inc. Membership Registration Form 2021

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name & Number: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ (M/W) Colour Black / Yellow Number: \_\_\_\_\_ Name: \_\_\_\_\_

VNSW Registration Number (if known): \_\_\_\_\_

I agree to register with VNSW (Volleyball NSW) so to be covered by their Insurance and liability cover and produce a receipt to the club secretary by **Thursday 15 April 2021**. I understand that if I fail to produce a receipt to the club secretary by this date, I will not be allowed to take to the court until this is addressed.

**Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any CCVC, VNSW and VA Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify CCVC, VNSW and VA in writing of any change to my fitness and ability to participate. I understand and accept that CCVC, VNSW and VA will continue to rely upon this declaration as evidence of my fitness and ability to participate.

I agree to be bound by the Rules of the CCVC Inc. set out and adopted by the Executive Committee, from time to time.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Person(s) under 18 years, a parent or Legal Guardian must complete the following:

I hereby authorise the above mentioned to take part in any Volleyball (and related) activities organised by the Central Coast Volleyball Club and accept full responsibility. If my child is injured during CCVC activities, I hereby give permission for the CCVC to act on my behalf for him/ her to receive appropriate treatment: **YES/ NO**

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

=====

### Central Coast Volleyball Club Inc (CCVC) Membership: 2021 fees \$15.

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_ Collected By: \_\_\_\_\_

*The Central Coast Volleyball Club Inc (CCVC) is a non-profit, incorporated entity.*

NSW Volleyball Registered Members are insured for accidents and injuries under **Player Accident Insurance** cover provided by VNSW.

Affiliated Clubs and Associations are insured under the **Associations Liability Insurance** cover provided by NSW Volleyball.