



**Austral Volleyball Club Inc**  
 Website: www.australvolleyball.org  
 Email: phoenix@australvolleyball.org.au  
 Postal Address: Flinders University LPO  
 PO Box 16  
 Flinders University, Bedford Park  
**ABN: 69 092 123 497**

**AUSTRAL VOLLEYBALL CLUB  
 MEMBERSHIP APPLICATION FORM 2012**

Please fill in all fields below (unless noted otherwise) and return to your Coach or a Committee Member.  
 Please note seniors fees (along with this form) are due by April 10th, 2012 to Peter Bawhey, Treasurer (ph. 0415317482).  
 Payment by instalments are accepted and dates for those payments are listed below.

<b>Name</b>			
<b>Address</b>		<b>Postcode</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email Address</b>			
<b>Date of Birth</b>		<b>Gender</b>	

<b>Emergency Contact</b>			
<b>Name</b>			
<b>Relation</b>			
<b>Phone</b>		<b>Mobile</b>	

\*Membership fees include club membership, training fees, Volleyball SA Registration and match fees, unless otherwise specified.

A player is regarded as U19 if he/she is the age of 18 (or younger) as at December 31st, 2012.  
 Please circle applicable membership option.

Description	Please circle	Instalment Plan
<b>Senior Playing Membership</b>	\$450	4 @ \$112.50
<b>Senior Training Only</b>	\$200	4 @ \$50
<b>U19 Playing Membership</b>	\$350	4 @ \$87.50
<b>U19 Training Only</b>	\$100	4 @ \$25
<b>Life Member Playing Membership</b>	\$225	4 @ \$56.25
<b>Junior League Playing Membership</b>	\$200	4 @ \$50
<b>Junior League Playing - ITP Deposit</b>	\$150	4 @ \$37.50
<b>SpikeZone Membership</b>	\$10	-
<b>Social Membership</b>	\$10	-

Three methods of payment are currently available. Cash, bank deposit, or cheque.

**Instalment 1 Due: Thursday, 23<sup>rd</sup> February, 2012**  
**Instalment 2 Due: Thursday, 15<sup>th</sup> March, 2012**  
**Instalment 3 Due: Thursday, 5<sup>th</sup> April, 2012**  
**Instalment 4 Due: Thursday, 26<sup>th</sup> April, 2012**

If paying by cheque, please address to "Austral Volleyball Club Inc."

Bank: Credit Union SA  
 Acc. Name: Austral Volleyball Club Inc.  
 BSB: 805001  
 Acc. Number: 00125104



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**NB: 1) Please use your first initial and last name for reference, so we can identify your payment.**  
**2) If you miss an Instalment, Coaching staff will be notified and playing and training rights will be forfeited until payment is made.**

**Existing Member**      **New Member** (please circle)

**Any existing medical conditions that your coach should be aware of:**

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**Any existing treatment or medication that your coach should be aware of:**

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**Allergies:**

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**Important Numbers**

Family Doctor: *Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
 Medicare Number: \_\_\_\_\_  
 Private Medical fund details: \_\_\_\_\_  
 Ambulance Cover: \_\_\_\_\_

**Player / Guardian Acknowledgement**

By signing below I agree to abide by the club's policies and code of behavior. I understand that breaches of these policies may result in my suspension or expulsion from the club.

In the case of an emergency, I agree to let coordinators/coaches contact appropriate assistance from parents and/or doctors.

I agree to the above conditions:

\_\_\_\_\_ \_\_\_\_\_  
 Players Signature Date

I agree to the above conditions and to allow my son/daughter \_\_\_\_\_ to play for Austral Phoenix Volleyball Club.

\_\_\_\_\_ \_\_\_\_\_  
 Parent/Guardian Signature (if player is under 18) Date

NOTE: All information on this form will remain completely confidential

**PRESIDENT**  
 Adam Harris ☎ 0412853856



**VICE-PRESIDENT**  
 Lexi Young ☎ 0408314214



**TREASURER**  
 Peter Bawhey ☎ 0415317482



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

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 membership application form, South Australian Volleyball Association (VSA) 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.
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, VSA and the club/association/competition stated on the 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 accepted the terms and conditions outlined in this form.** I warrant that all information provided is true and correct.

11. **Privacy:** I understand that the information I have provided 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 VSA I undertake at all times to represent myself in a way that will not bring myself, my registered association, VSA, 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.

**Members Signature:**

**Date:**

*(Where applicant is under 18yrs)*

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.

**Parent/Guardian’s signature:**

**Date:**