### CAIRNS VOLLEYBALL ASSOCIATION

### VQLogo_Std_RGB.jpg 2018 MEMBERSHIP FORM

Cairns Volleyball Assoc, 129 Mulgrave Rd, Cairns, Qld, 4870

PO Box 5877, Cairns, Qld, 4870

**PERSONAL DETAILS:** (Please print clearly)

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Mr/Mrs/Ms/Miss/Dr

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male / Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Junior Members:**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full –time Student: School/Tertiary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEMBERSHIP FEES –**

**CVA ADULT**FULL $50 Incorporates -***VQ******ADULT RECREATIONAL ($40) (FULL $75)***

**CVA JNR U/19** FULL $25 Incorporates- ***VQ JNR U/19 RECREATIONAL ($20) (FULL $35)***

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

Full Membership required for State Level Tournaments in Honours/Premier/ Open divisions or PVL/AVL competitions. See VQ website for details.

**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

Players may at times be photographed. These photographs may be displayed on Cairns Volleyball web pages and/or noticeboards.

(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.

**Member’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:** Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VQ Membership Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_