



# VOLLEYBALL NORTHERN TERRITORY MEMBER REGISTRATION FORM

MEMBER DETAILS										
MEMBERSHIP TYPE – please circle which applies				Player	Referee	Coach	Event*			
CIRCLE YOUR ASSOCIATION/CLUB		ALICE SPRINGS VOLLEYBALL CLUB		DARWIN VOLLEYBALL ASSOCIATION	GOVE VOLLEYBALL ASSOCIATION	KATHERINE VOLLEYBALL CLUB		VOLLEYBALL NT		
TITLE	FIRST NAME			LAST NAME			PERMISSION TO HAVE PHOTOS TAKEN			
							YES	NO		
EMAIL										
D.O.B	GENDER	NAME OF SCHOOL			NAME OF EVENT*					
	M F									
HOME PHONE			MOBILE PHONE			WORK				
ADDRESS				SUBURB		POSTCODE				
POSTAL ADDRESS IF DIFFERENT TO RESIDENTIAL ADDRESS										
ADDRESS				SUBURB		POSTCODE				
EMERGENCY CONTACT DETAILS										
NAME				CONTACT NUMBER		RELATIONSHIP				
WORKING WITH CHILDREN CHECK NUMBER							EXPIRY DATE			
FOR REFEREES					FOR COACHES					
LAST ACCREDITATION LEVEL ACHIEVED		EXPIRY DATE		LAST ACCREDITATION LEVEL ACHIEVED		EXPIRY DATE				

Please list any pre-existing medical conditions that you have and list any medications that you are currently taking that you believe may be relevant to participating in Volleyball NT Competitions – (eg Asthma – Ventolin puffer carried in bag)

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By signing this form, I agree to the following conditions of membership

- i) To abide by the Constitution and Competition By-laws of Volleyball NT Inc., its affiliates and that of its governing body Volleyball Australia and to take all reasonable steps to comply with the spirit and intent, as well as the letter of those by-laws;

SIGNATURE		DATE	
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If you are Under 18 years of age, your parent/guardian must also sign this registration form

PARENT/GUARDIAN NAME			
PARENT/GUARDIAN SIGNATURE		DATE	

OFFICE/ADMINISTRATION USE ONLY

FORTIX NUMBER		DATE ENTERED	
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