



Date	Amount \$	Payment Method	Receipt #	Committee Member

## Team Nomination Form

**Please Print Clearly**

### Mixed Classic Indoor Volleyball Competition

Team Name:			
Team Captain:		Alternate team contact person:	
Nominate Grade (please circle one):	A ( <i>competitive</i> )	B ( <i>social</i> )	C ( <i>if available</i> )
Time Preferences (please indicate 1 <sup>st</sup> to 4 <sup>th</sup> ):			
5:45pm(= )    6:30pm(= )    7:15pm(= )			
Reasons (e.g. work until 7pm, or to suit P, Q, R, S, T, U, V crew):			
Note - if only 8 teams, then games will be played at 6:30pm & 7:15pm time slots			

#### Registration:

List all the members of your team, including the Captain and Alternate person listed above.

	Player Name	M/F	Phone number	Email Address (if not yet receiving Gove Volleyball emails)	Signature * note read indemnity T&C
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

Team nomination forms will be required before first game.

#### \* Indemnity / Participation Terms and Conditions

By signing, I agree that the Gove Volleyball Association (GVA) will not be liable for any negligent act or omission by me, during my participation in the GVA Volleyball Competition. I also absolve the GVA of any liability arising from my participation in the training or playing of matches in the GVA Competition. The individual, upon signing this document, certifies that they have read and understood these conditions placed upon them by the GVA. Further information related to player insurance is given on page 2 of this form.

#### Registration Fees:

Saved date: 25/2/17 12:49 PM

Team Size / Casual Players:	Registration Cost:
Minimum Team Registration fee (up to 6 players)	\$360 (per season, 6 months)
Team Registration fee for 7 players	\$390 (per season, 6 months)
Team Registration fee for 8 players	\$420 (per season, 6 months)
Additional registered players beyond 8 players	\$30 each (per season, 6 months)
Casual Player (not registered to a team)	\$10 per game (capped at \$30 = 3 games)

### Payment:

Team Delegate to collect the total team fee & pay either online or bring total cash down on the Sign-On night. Full team amounts only please, minimum of \$360 per team. We have moved away from individual payments as these have been time consuming for our small committee to track and manage. Online banking details: Westpac BSB 035304 Account# 208206, Gove Volleyball Association. Please make the payment title/description your team name, season and year, eg Titans S1 2017.

### Player Insurance:

Your team payment includes Player Insurance for all registered & paid players. The Insurance Program is through the NT Volleyball Association & the Australian Volleyball Federation. The Social membership covers GVA & VNT organised games & training sessions. For details refer to: <http://volleyballnt.com.au/index.php/members/vnt-membership> . The levels of benefits provided by the Program are not “comprehensive”. It is an Individual’s responsibility to ensure that he / she has adequate Insurance cover for his / her needs. For details refer to <http://www.ajg.com.au/associations/volleyball-australia> .

### Playing Terms and Conditions:

- Maximum number of teams in the competition is 16 (1<sup>st</sup> in best dressed).
- Maximum of 6 players on the court, of which 2 must be female.
- Minimum of 4 players on the court, of which 1 must be female.
- Players can be rotated on and off the court if your team has reserves.
- Casual players can play a maximum of 3 games before needing to be registered to a team.
- Players can only be registered to 1 team & need to play 3 games to qualify for finals series games.
- **All teams must provide an umpire and/or scorer every week as rostered. The roster is drawn up as fairly as possible for all teams; your support in doing rostered duties is an important part of a successful competition.**
- Games will be played at Nhulunbuy High School (NHS) Gymnasium.
- Games played on Tuesday nights at various time slots starting at 5:00pm or 6:30pm depending on number of teams.
- Non marking shoes are to be worn.
- **Food is not to be consumed in the Gymnasium.**
- **Smoking is prohibited in all areas of the school and its grounds.**
- **Players play at own risk. Due care will be taken to make the courts safe, but as with all physical activity there is a risk of injury.**

### Gove Volleyball Association contact details:

Davin Blundell  
 Email: [volleyballgove@yahoo.com.au](mailto:volleyballgove@yahoo.com.au)  
 Mobile: 0439 867 788

### Disclosure Statement (to be completed by team co-ordinator/captain)

I, (print name)....., (sign name)..... Team captain/  
 Co-Ordinator for (team name)....., on (date)..... have read  
 and understood the Terms and Conditions set out on pages 1 and 2 by the Gove Volleyball Association, have explained the playing rules to all registered team members in my team, and ensured each of these players has signed on page 1.