



Volleyball NT Schools Cup Registration Form

(PLEASE PRINT)

Player Details:			
Participants Name:		DOB:	Male/Female
Address:		Suburb	
Home Phone Number:		Mobile Number	
Email address		School	Grade/Year
Medical Conditions: - Please list any known allergies or medical conditions			
Volleyball Profile: Please answer the questions below:			
Have you played Volleyball in the last 6 months?	YES	NO	If yes was it at your school or with a volleyball club? School Name of Club _____

Parents/Guardian to Complete.	
Parent/Guardian Name:	
Business/Home Number:	Mobile Number:
Email Address:	
Emergency contact (if different from Parent/Guardian)	
Name:	Relationship:
Phone/Mobile Number:	
Email Address:	
Parent/Guardian Consent: I give consent for my daughter/son to attend the Volleyball NT Schools Cup Training Sessions. Parent/Guardian Name: _____	
Signature: _____ Date: ____/____/____	