



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - 02

TEAM REGISTRATION FORM

ID NUMBER

(3 Letter code given by VAM)

TOURNAMENT NAME

National League 2017

DIVISION/ZONE/MEN or WOMEN

WOMEN

CLUB/RESORT/OFFICE/SCHOOL INFORMATION

FULL NAME *

AUTHORISED PERSON *

CONTACT NUMBER *

I hereby authorize and request VAM to register our TEAM at the above mentioned Tournament

STAMP *

Signature *

#	PLAYER NAME	SHIRT NAME	Capt. Lib.	SHIRT NO.	VAM ID NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Note: All players should be registered at VAM. Team Captain and Libero(s) should be identified

OFFICIALS REGISTRATION

#	POSITION	NAME OF OFFICIAL	CONTACT	VAM ID NUMBER
M	MANAGER			
HC	HEAD COACH			
AC	ASST. COACH 1			
AC	ASST. COACH 2			
O	OFFICIAL			
M	MEDICAL			

Note: Head Coach should be registered under VAM (both Asst. Coaches are even advised to be registered)

CLASSIFICATION OF TEAM UNIFORM

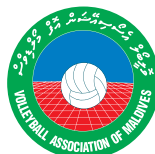
Main Uniform (Set 1)	Shirt Color:	Short / Tracksuit Color:
Second Option (Set 2)	Shirt Color:	Short / Tracksuit Color:

Note: Uniform color of Libero player(s) should be TOTALLY different from other players (Officials' & Players' uniform colors should be different)

FOR OFFICE USE ONLY

Entered by VAM:	SIGNATURE / STAMP
Date / Time	

*Note: Marked fields with * must be filled and a copy of the Coach's ID Card/Passport should be submitted to VAM with the form*



National League

Women's Division 2017

Team Name :

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Name:
D.O.B:
J.NO:

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Name:
D.O.B:
J.NO:

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Manager

H. Coach

Asst. Coach - 1

Asst. Coach - 2

Official

Medical

Approved by :

Name:
ID.No:



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - R2

PLAYER REGISTRATION FORM

ID NUMBER

(given by VAM)

PERSONAL INFORMATION

FULL NAME *

NATIONALITY *

PERMANENT ADDRESS

EMAIL ADDRESS

Emergency Contact
Person/Number

PHOTO *

(not older than 3 months)

VOLLEYBALL INFORMATION

INDOOR / BEACH / BOTH

SHIRT NO.

POSITION

SHIRT NAME

HEIGHT / cm

WEIGHT / kg

SPIKE / cm

BLOCK / cm

IDENTIFICATION

ID NO. *

PP NO. *

PP Expiry
Date *

D.O.B *

Tel No. *

Tel No.

GENDER * M / F

REGION / ZONE

Atoll

Island

VOLLEYBALL CAREER

SCHOOL / COLLEGE

OR UNIVERSITY

HOME GROWN CLUB

OTHER CLUBS

INTERNATION CAREER

* Note: player can add more details on attached sheets if necessary

PARENT/GUARDIAN'S APPROVAL (Necessary if PLAYER is under 18 years of age) *

I agree all the information given in this form is true up to my best knowledge

PARENT/GUARDIAN'S NAME

CONTACT NO.

SIGNATURE *

PLAYER as the Guarantor (Necessary if PLAYER is over 18 years of age) *

I agree all the information given in this form is true up to my best knowledge

NAME in Full

SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:

Date / Time

SIGNATURE / STAMP

Note: Marked fields with * must be filled and a copy of the Player ID Card/Passport should be submitted to VAM with the form



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - R3

COACH REGISTRATION FORM

ID NUMBER

(given by VAM)

PERSONAL INFORMATION

FULL NAME *

NATIONALITY *

PERMANENT ADDRESS

EMAIL ADDRESS

Emergency Contact
Person/Number

PHOTO *

(not older than 3 months)

COACHING INFORMATION

INDOOR / BEACH

KIDS / YOUTH / SENIOR

FIVB LEVEL 1

FIVB LEVEL 3

WOMEN / MEN

NATIONAL LEVEL

FIVB LEVEL 2

OTHERS

Note: Certificates should be submitted to VAM with the form

VOLLEYBALL CAREER

STARTED COACHING

ACHIEVEMENTS

INTERNATION CAREER

Note: COACH can add more details on attached sheets if necessary

IDENTIFICATION

ID NO. *

PP NO. *

PP Expiry
Date *

D.O.B *

Tel No. *

Tel No.

GENDER * M / F

REGION / ZONE

Atoll

Island

BANK / ACCOUNT DETAILS

VAM only accept Bank of Maldives Accounts. If A/c is not your personal then the signature of A/c holder is necessary SIGNATURE *

ACCOUNT NAME

ACCOUNT NUMBER

COACH as the Guarantor *

I agree all the information given in this form is true up to my best knowledge

NAME in Full

SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:

Date / Time

SIGNATURE / STAMP

Note: Marked fields with * must be filled and a copy of the Coach's ID Card/Passport should be submitted to VAM with the form