



# MAZENOD VOLLEYBALL CLUB

AUSTRALIAN BUSINESS NUMBER: 11 561 097 679  
ASSOCIATION REGISTRATION NUMBER: A0062737A

## 2018 REGISTRATION FORM – Under 18

### Player Details

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
GENDER:    Male    Female                      DATE OR BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

### Personal Medical Details

MEDICARE NO.: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ / \_\_\_\_

Do You Have Ambulance Insurance?  Yes  No

If so, AMBULANCE INSURANCE NO: \_\_\_\_\_

PRIVATE HEALTH INSURER: \_\_\_\_\_

INSURANCE MEMBERSHIP NO: \_\_\_\_\_

Parent/Guardian 1

Parent/Guardian 2

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

In the event we cannot contact either parent, who can we contact?

EMERGENCY CONTACT: \_\_\_\_\_ Ph: \_\_\_\_\_

Relationship to You? \_\_\_\_\_

Mazenod Volleyball Club  
5 Kernot Ave  
MULGRAVE, Victoria, 3175

Ph: 0401 028 011

info@mazenodvolleyballclub.com





## HEALTH INFORMATION STATEMENT

Do you suffer from any of the following?		
Asthma	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Explanation / Medication: _____ _____ _____ _____ _____
Diabetes	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Dizzy Spells or Black Outs	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Travel Sickness	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
Migraine or Headaches	<input type="checkbox"/> Yes / <input type="checkbox"/> No	

Do you have any known allergies? i.e. Penicillin, Bee Stings, Bites, Eggs, certain foods, drugs or other environmentally related allergy.	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____
Do you have any special dietary requirements?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, please specify: _____ _____

PLAYER DECLARATION	PARENT DECLARATION
<ul style="list-style-type: none"> <li>I also agree to abide by the Codes of Conduct of the Mazenod Volleyball Club, and will obey and observe the rules that are bound by this Code. I agree to be bound by all disciplinary rulings made by or with the authority of the Club that relate or apply to me.</li> <li>I agree to the Terms and Conditions of Membership set out by the Mazenod Volleyball Club and understand my rights and obligations under these terms.</li> <li>I declare that the information supplied by me is true and correct.</li> </ul> <p><b>Signature:</b> _____</p> <p><b>Date:</b> ____ / ____ / 20__</p>	<ul style="list-style-type: none"> <li>I hereby consent to the registration of my son/daughter with the Volleyball Victoria State League.</li> <li>I acknowledge that I have been provided with and understand the Code of Conduct of the Mazenod Volleyball Club and will obey and observe the rules that are bound by this Code.</li> <li>I agree to the Terms and Conditions of Membership set out by the Mazenod Volleyball Club and understand my rights and obligations under these terms.</li> <li>I understand that the registration of my son/daughter may be cancelled or suspended by the Club or League should I fail to comply with the Codes and/or any rulings of the Club or League should I breach the Code.</li> </ul> <p><b>Signature:</b> _____</p> <p><b>Name of Parent (PRINT):</b> _____</p> <p><b>Date:</b> ____ / ____ / 20__</p>

Please note: by signing, you are acknowledging the Club's Privacy Notice.  
Once completed, please forward to: [info@mazenodvolleyballclub.com](mailto:info@mazenodvolleyballclub.com)

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