



# MAZENOD VOLLEYBALL CLUB

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

## 2018 REGISTRATION FORM

### 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: \_\_\_\_\_  
EMERGENCY CONTACT: \_\_\_\_\_ Ph: \_\_\_\_\_  
Relationship to You? \_\_\_\_\_

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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	<b>Explanation / Medication:</b> _____ _____ _____ _____ _____
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

- I hereby agree to abide by the Rule and By-Laws of the Volleyball Victoria State League, and other general Rule and By-Laws set out by the governing committees of events I enter. I will observe and obey these rules and be bound by all rulings made by or with the authority of the League that relate or apply to me.
- 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 the Terms and Conditions of Membership set out by the Mazenod Volleyball Club and understand my rights and obligations under these terms.
- I declare that the information supplied by me is true and correct.
- By signing this form, I am agreeing to the Privacy Policy and Notice.

**Signature of Player:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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