



VOLLEYBALL QUEENSLAND
CLUB MEMBERSHIP REGISTRATION for the year



2018

To contact Volleyball Queensland (VQ) ABN: 45 476 392 018, 150 Caxton St, Milton, QLD 4064
Ph: 3367 1991 Fax: 3367 2853 Email db@vq.org.au

*NOTE: Prices are valid for registrations received by VQ by **31 December 2018**
VQ 2018 Membership will be valid up to and including **31 March 2019***

Purpose of this form is to register yearly membership with a VQ affiliated Volleyball Club.

If you are not playing for a **Club**, leave that box blank and fill in **“Other”** box with the reason you require VQ membership.in 2018

Club/Assoc. Name: Other: e.g. QBVT or Metro or Schools Cup

Surname: Given Name: Date of Birth:

Nee: Preferred Name: Middle Name:

Address: Suburb: P/C:

Gender: Male / Female Email:

Mobile: Phone: Home: Work:

Full –time Student: School/ Tertiary Institution:

Junior Members

Parent/Guardian Name: Daytime Phone:

Parent/Guardian Email:

Please tick one (1) box to indicate Required Level

Membership Level		VQ Fees - Annual			Fees required if you wish to upgrade to Full ***
Full	Australian Schools Cup Beach - Premier, Open (QBVT) Qld State Team	PVL – State League National Competitions	Adult	\$75	
			Jnr U/19*	\$35	<input type="checkbox"/>
Recreational	Qld Schools Cup Beach - all but Premier (QBVT) Qld Grand Prix State Championships	Metro - Churchie Somerville House Club-run competitions	Adult	\$40	<input type="checkbox"/>
			Jnr U/19*	\$20	<input type="checkbox"/>
Recreational Team Name: <input type="text"/>					
Tournament	QBVT (beach) Tournament Date: <input type="text"/>		Adult	\$25**	<input type="checkbox"/>
Non-Playing	Non-Playing Role: <input type="text"/>		Adult & Jnr	\$0	<input type="checkbox"/>

* A **JNR U/19** member must be 18 years or younger (under 19) as at the **end** of the year their application is made.

** One QBVT tournament only.

*** **Procedure to upgrade** – email db@vq.org.au with your details and intent.

Parent/Guardian Signature: Date:

Members Signature: Date:

VQ & VA MEMBERSHIP APPLICATION – Please read overleaf and sign declaration on the bottom of page 2.

METHOD OF PAYMENT: (Please circle)

Cash

Cheque

MasterCard

Visa

Card No: _____ / _____ / _____ / _____

Expiry: _____ / _____

Cardholders Name: _____

Amount \$: _____

VQ official use only	Form received by: _____	Date: _____	Receipt # & Amount: _____
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Cont'd from Page 1:

I hereby apply for membership of VA. In so doing and in consideration of my application for membership being accepted I acknowledge and agree that:

1. **“VA”** for the purposes of this membership application and declaration means and includes Volleyball Australia Ltd., its members (including Member States and State Affiliates) and where the context so permits, their respective directors, officers, members, servants or agents.
2. **If accepted I will be a member** of the club/association/competition stated on the front page of this membership application form, VQ and VA.
3. **This document cannot be amended.** If I do amend it my application will be null and void. It cannot be accepted by VA.
4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised VA activity (**“VA Activity”**). (For insurance details contact [OAMPS – 07 3367 5145].) I can, in my own interests, seek and obtain personal insurances over and above the cover provided by VA.
5. **The VA Constitution** is a contract between VA and me. I will be bound by it and any By-Laws and policies made under it. It is necessary and reasonable for promoting VA and volleyball. For the avoidance of doubt, I acknowledge and agree to comply with the Constitutions, By-Laws and policies of VA, Qld Volleyball Association and the club/association/competition stated on the front page of this membership application if my application is accepted.
6. **Warning:** Volleyball can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in volleyball.
7. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that VA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any VA Activity.
8. **Release and Indemnity:** In consideration of VA accepting my application for membership I:
 - (a) release and forever discharge VA from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any VA Activity; and
 - (b) indemnify and hold harmless VA to the extent permitted by law in respect of any Claim by any person including but not only another Member of VA arising as a result of or in connection with my membership and/or participation in any VA Activity.

In this **clause 8 “Claims”** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant VA insurance policy or under the VA Constitution or any By-Laws.
9. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any VA Activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify VA in writing through my State Affiliate or Member State of any change to my fitness and ability to participate. I understand and accept that VA will continue to rely upon this declaration as evidence of my fitness and ability to participate.
10. **I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct.
11. **Privacy:** I understand the information I provided overleaf is necessary for the objects of VA. I acknowledge and agree that the information will be disclosed by my State Affiliate to the Member State and VA and will only be used for the objects of VA, VA general business and to provide me with membership services. I understand that I will be able to access my information through my State Affiliate and/or Member State. If the information is not provided my membership application may be rejected. I acknowledge that VA may also use my personal information for the purposes of providing me with promotional material from VA sponsors or third parties. I may advise VA if I do not wish to receive from VA any VA sponsors or third parties promotional material.
12. **Copyright and right to use image:** I acknowledge and consent to photographs being taken of me during my participation in VA Activities. I acknowledge that the photographs are owned by VA and that VA may use the photographs for promotional or other purposes without my further consent being obtained. Further, I consent to VA using my name, image, likeness and also my performance in the VA Activities, at any time, to promote the VA Activities by any form of media. I may advise VA if I do not wish VA to use my name, image, likeness and also my performance in this way.

DECLARATION

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of this membership.

As a registered member of Volleyball Queensland I undertake at all times to represent myself in a way that will not bring myself, my registered association, Volleyball Queensland, the Volleyball Australia Ltd. or the sport of volleyball as a whole into disrepute. I accept that failing to abide by this determination could lead to sanction by one or more of the aforementioned bodies.

(Where applicant is under 18yo) I, _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant’s behavior and agree to personally accept the conditions set out in this membership application.

Parent/Guardian Signature: _____

Date: _____

Members Signature: _____

Date: _____