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Australian Junior Volleyball Championships Parent/Guardian Authorisation

I hereby authorise, the obtaining on my behalf, medical assistance that may be required for my son/daughter in the event of an accident or illness, and guarantee to meet any costs incurred.

I also authorise the administering of anaesthetic if the medical officer attending deems this necessary.

I hereby give my consent for my son/daughter to participate in any activities arranged by, or participated in by Volleyball Queensland; and I hereby give my permission for him/her to use such forms of transport, that may be deemed necessary for travelling.

I agree that during the period/s of the aforesaid competition which my son/daughter will participate in, and during travelling and other activities that may be deemed necessary, my son/daughter shall be under the sole direction of the person/s duly appointed in charge of the group in which he/she is included.

I agree to meet the costs associated with participation in the above mentioned activities. I also agree to meet any additional costs for illness, or unforeseen circumstances that may occur during the periods of the activities in which my son/daughter participates in, and during travelling and other activities that may be deemed as necessary.

I have read the Athletes Code of Conduct, understand its contents and conditions, and accept the parental responsibilities contained therein.

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____



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