Junior Volleyball

Olympic Volleyballer Rachel Uren’s Junior Volleyball Program is aimed at teaching children in Years 3-6 how to play Volleyball in a fun and friendly environment. We use lower nets, softer and lighter balls and a smaller court.

**When:** One lunchtime (TBA) per week from weeks 4-10 term 1 and weeks 3-10 for subsequent terms

**Cost:** $80 for term 1 and $90 for subsequent terms

**Where:** St. Joseph’s School Gymnasium

*(For more information please contact Rachel Uren on 0412 014 280 or racheluren@grapevine.com.au)*

*Places are limited so please email the completed form to Rachel or return to the front office*

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**Player Registration Form**

**Name:**

**Address:**

**Date of Birth:** ___________________ **Gender:** Male/Female

**Grade:**

**Phone:**

- __________ (home)
- __________ (mobile)

**Email (Parent):** ________________________________________________________

**Payment by cash or direct deposit:**

- **BSB:** 083 832
- **Account:** 3964 62745 (Child’s name as reference)
- **Account Name:** Rachel Uren

By signing this form, I agree to the following conditions of registration:

1. To abide by the Volleyball ACT Constitution, Competition By-Laws and all other policies at all times.
2. Insurance is in place that provides limited cover to me whilst I am participating in any recognised VACT/AVF activity. I can, in my own interests, seek and obtain personal insurances over and above the cover provided by VACT/AVF.
3. Volleyball can be inherently dangerous. Serious accidents can and do happen which may result in me being injured or even killed. I have read and understood this warning and accept and assume the inherent risks in volleyball.
4. Except where provided or required by law and such cannot be excluded, I agree that it is a term of my registration that Rachel Uren/ Junior Volleyball/VACT/AVF is absolved from all liability arising from injury or damage however caused (whether fatal or otherwise) arising out of my registration and/or participation in any VACT/AVF activity.
5. I declare that I am and must continue to be medically and physically fit and able to participate in any VACT/AVF activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify VACT of any change to my fitness and ability to participate. I understand and accept that VACT will continue to rely upon this declaration as evidence of my fitness and ability to participate.

**Parent/Guardian Name:** _______________________________________________

**Signature:** ___________________________ **Date:** ___________________