



Junior Volleyball

ABN: 31292630808

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: Wednesday lunchtimes from weeks 3-9 in term 3 and weeks 3-10 for subsequent terms

Cost: \$80 for term 3 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 (quickest way) or return to the front office by Tuesday 25th July

Player Registration Form

Name: _____

Address: _____

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

Grade: _____

Phone: _____ (home)

_____ (mobile)

Email (Parent): _____

Once your child's place is confirmed, payment can be made 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:** _____

