



INDIVIDUAL REGISTRATION FORM SPRING 2021

Bellarine Volleyball Association Inc.

PO Box 679 Ocean Grove VIC 3226

Email: bellarinevolleyball@outlook.com

Registration form must be completed 1 week prior to season start

Name	
Phone	
Email	
VVI Reg #	

NOMINATED DIVISION

I am interested in playing ... (Please mark Y / N for all that apply)

Mixed Social

Mixed Competitive

Mens

Womens

MATCH FEE PAYMENT

I choose to pay my match fees ... (Amount to be determined ... Pre-pay will be the cheaper option)

Pre-pay Season (Y/N)

Weekly (Y/N)

POLICY AGREEMENTS (Y / N)

I hereby grant permission for BVAI to use images, videos and other forms of media of me for the purpose of activities and promotion of the club on social media channels

I have read, agree to comply with and understand my rights detailed in, the BVAI Code of Conduct

I have read, agree to comply with and understand my rights detailed in, the BVAI Member Protection and Child Safe Policy

I have read, agree to comply with and understand my rights detailed in, the BVAI Social Media Policy

Declaration

I hereby declare that the above information is true, and I have read and understood the above information

Name

Date

Where a member is under the age of 18, we require a parent / guardian to complete the following:

I hereby consent to my child partaking in activities related to BVAI and have read and understood the policies mentioned above

Name

Date
