

## 2010 Crazy John's Victorian Volleyball League U15 PARENTAL WAIVER

**CLUB NAME:** \_\_\_\_\_

**PLAYER NAME:** \_\_\_\_\_

**Player DOB:** \_\_\_\_\_

**Player Home Postal Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Full Name of Parent/s:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### **DECLARATION**

*I acknowledge that in accordance with the Victorian Volleyball League By Law A1.2, players aged Under 15 may be given approval to participate in the Victorian Volleyball League upon receiving approval from the Victorian Volleyball League Competition and Technical Commission (VVLCTC),*

*I hereby give my consent to my child participating in the Victorian Volleyball League and in doing so I herewith seek VVLCTC approval for my child to do so.*

**Signed (Parent):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Completed Forms may be mailed, faxed or emailed to [laurenhowes@volleyballvictoria.com.au](mailto:laurenhowes@volleyballvictoria.com.au)