

2011 Crazy John's Victorian Volleyball League U15 PARENTAL WAIVER

Required for players under the age of 15 that wish to play in divisions other than VVL U17

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 Bylaw Section A3, players aged Under 15 may be given approval to participate in the Victorian Volleyball League (non-U17 Division) upon receiving approval from Volleyball Victoria.

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 events@volleyballvictoria.com.au