

South East Region Volleyball Academy New Member Details

Full Name:

Date of Birth:

Address:

Home Phone:

.....

Work Phone:

Email:

Mobile:.....

Date you joined SERVA (mth/yr):

Are you registered with Volleyball Victoria ? Yes/No (please circle)

Your registration No:

1. **Parents and/or Emergency contact:**

Name:

Relationship:

Home Ph:

Work Ph:

Mobile:

Email:

2. **Parents and/or Emergency contact:**

Name:

Relationship:

Home Ph:

Work Ph:

Mobile:

Email:

I confirm I have read the SERVA - Code of Conduct and Policies on the Website or Team App.

Signed:(Player)

Date:

Signed:(Parent if player is under 18)

Date: