



VICTORIAN WATER POLO INC

ABN 795 7088 1365

REGISTRATION APPLICATION FORM- 2008-2009

Valid from 01 July 2008 to 30 June 2009

NB: Payment of Registration Fee must be received by VWPI for a Registration application to be valid. Unfinancial players will not be permitted to compete until payment is made.

Please complete in **LEGIBLE BLOCK LETTERS** or **type**

CLUB NAME:

PERSONAL DETAILS

TITLE: SURNAME: GIVEN NAMES:

Previous surname if changed in the past 12 months:

RESIDENTIAL ADDRESS:

..... POST CODE: DATE OF BIRTH:

PHONE: Home Work Mobile

EMAIL (please print clearly)

MEMBERSHIP CATEGORIES & FEES (all prices include GST)

Please circle appropriate category:

MS Metropolitan Senior	\$159.00	MSJ Metropolitan Sub-Junior (see Note 3)	
MFTS Metro F/T Tertiary student – Senior (born pre-1989)	\$134.00	Junior competition (born 1992 or later)	\$ 52.00
MJ Metropolitan Junior (born 1989 or later)	\$103.00	WCS Winter Competition Schools	\$ 26.00
MFTJ Metro F/T Tertiary student - Junior (b.1989 or later)	\$ 98.00	(assumes School Insurance)	
CS Country Senior (see Note 1)	\$ 75.00	WCSI Winter Competition Schools	
CJ Country Junior (born 1989 or later)	\$ 45.00	(Insurance incl.)	\$ 36.00
LM Life Member	Nil	NPO Non-Playing Official	\$ 62.00

Above fees do not include issue of a "Smartcard" for entry to MSAC. New members are required to purchase this MSAC card at an additional one time fee of \$20.00.

(Please tick if required)

- Notes:**
- (1) Country registrants playing in a Metropolitan competition will pay the appropriate Metropolitan fee.
 - (2) Tertiary students must be registered for full-time study. Proof of student status may be required.
 - (3) Players registered in the Metropolitan Sub-Junior category can play in the Junior Competition only. Players must be registered as Metropolitan Junior or higher to play in Senior competitions.

PERSON TO BE CONTACTED IN AN EMERGENCY

NAME: Dr / Mr / Mrs / Miss / Ms

ADDRESS:

..... POST CODE:

PHONE: Home Work Mobile.....

FAX / EMAIL / PAGER

RELATIONSHIP TO MEMBER (please circle one): Father / Mother / Spouse / Other (specify)

MOUTHGUARD POLICY

**Victorian Water Polo Inc. has a compulsory wearing of mouthguards policy.
Applicants who have any reason not to comply with this policy must sign the following Declaration.**

I (print full name)

of (full residential address)

- a) acknowledge that the Victorian Water Polo Inc has adopted a policy which makes the wearing of mouthguards compulsory during matches conducted or authorised by Victorian Water Polo Inc;
- b) acknowledge that I have freely made the decision not to wear a mouthguard;
- c) release and forever discharge Victorian Water Polo Inc and any agent or employee or Victorian Water Polo Inc and any other person from and against all claims, actions, suits and demands of every description whatsoever which, but for the execution of this Agreement, I could or might have by reason of or arising out of my decision not to wear a mouthguard during water polo matches.

DATED this day of (month) (year) 20.....

SIGNATURE

DECLARATION BY APPLICANT

- 1. I hereby agree to accept and abide by the respective Rules, Regulations and Resolutions of my Club, Victorian Water Polo and Australian Water Polo including Australian Water Polo's Anti-Doping, Member Protection and Privacy Policies and that failure to comply may result in disciplinary action (refer list of policies at www.vicwaterpolo.asn.au and www.australianwaterpolo.com.au).
- 2. I further grant permission for any photographic and/or video recording of me taken during any event conducted by Victorian Water Polo to be displayed, published or otherwise used for the purpose of advertisement and/or promotion of the sport.
- 3. To the best of my knowledge, the information given in this application form is true and correct.
- 4. I tender the appropriate fee necessary for the consideration and acceptance of my application for membership.

NAME: SIGNATURE: DATE: / /

CONSENT OF PARENT or LEGAL GUARDIAN:

I ENDORSE THE ABOVE DECLARATION (IN RESPECT OF THE ABOVE PERSON UNDER THE AGE OF 18 YEARS)
AND CONSENT TO THIS APPLICATION FOR MEMBERSHIP.

NAME: SIGNATURE: DATE: / /

- 1. I hereby agree to accept and abide by the respective Rules, Regulations and Resolutions of the Club for which this membership application applies, Victorian Water Polo and Australian Water Polo and that failure to comply may result in disciplinary action (refer list of policies at www.vicwaterpolo.asn.au and www.australianwaterpolo.com.au).

CLUB USE ONLY

Membership Category applicable: Prescribed Fee enclosed: \$..... ##Club Registration N^o:

Signature of Club Registrar: Date: / /

VWPI OFFICE USE ONLY

Date application processed: / / Invoice Number:

Signature of VWPI Registrar: Date paid:/...../.....

##Note: Each application must be forwarded to the Club Registrar to allocate a Club Registration number.

Completed application forms with the appropriate fees must be forwarded by Club Registrars to:

**Victorian Water Polo Inc (VWPI)
Box 11, Melbourne Sports & Aquatic Centre
Aughtie Drive
Albert Park Vic 3206**