



2010 Player Registration Form

Team Entering: _____

Uniform Numbers: _____ Track Suit: _____

Surname:

Given names:

Address:

..... Postcode:

Email address:

Telephone: Home

Work

Cell

Date of birth:

Gender Male / Female (circle one)

Are you playing Southern Zone? Yes / No

(circle one)

Membership Type

(Please tick one)

High School Student

\$95

Tertiary Student

\$155

Senior Player

\$195

Closed Team Member

\$100

If attending a High School, which one?

Are you transferring from a club? which one:

Year left:

Referee qualification (if held):

Drafted player: If you intend playing for another club at a level higher than the one that you are registering for, please indicate which club and at what level.

Club: Level:

Privacy Statement: I consent to the collection of the above details by the Pioneer Volleyball Club Inc for the purposes of membership records and for it to retain, use, and disclose these to the Canterbury Volleyball Association Inc and Volleyball New Zealand Inc and other funding agencies. I understand that my application to join the Pioneer Volleyball Club Inc is contractual for the winter playing season and that my withdrawal during that season does not necessarily allow any refund of any subscription monies paid.

I declare that the above information is true and accurate to the best of my knowledge.

Signature: Date: / /2010