

**REGISTRATION APPLICATION FORM - 2013-2014***Valid from 01 July 2013 to 30 June 2014***ONLINE REGISTRATION AND PAYMENT NOW AVAILABLE***Go to Getting Involved at www.vicwaterpolo.com.au*Please complete in **LEGIBLE BLOCK LETTERS** or type**CLUB:** **PREVIOUS CLUB:**.....*Players transferring to a new club must, in addition to this application, submit a Transfer form signed by their previous Club's Registrar. A transfer fee is payable unless the transfer is made before any competition games are played in a season.***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	\$180.00	CS	Country Senior (see Note 1)	\$134.00
MJ	Metropolitan Junior (born 1994 or later)	\$115.00	CJ	Country Junior (born 1993 or later)	\$ 87.00
MSJ	Metropolitan Sub-Junior (born 1997 or later) (see Note 2)	\$ 59.00	FP	FlippaBall (FlippaBall programs only)	\$ 20.00
NPO	Non-Playing Official	\$ 68.00	CTS	Come & Try - Senior (8 weeks only)	\$ 22.00
LM	Life Member	Nil	CTJ	Come & Try - Junior (8 weeks only)	\$ 12.00

Above fees do not include parking entry to MSAC. Members who wish to purchase or renew an MSAC pass should arrange this directly with MSAC Customer Service staff.

- Notes:**
- (1) Country registrants playing in a Metropolitan competition must pay the appropriate Metropolitan fee.
 - (2) Players registered in the Metropolitan Sub-Junior category can only play in age group competitions. Players must be registered as Metropolitan Junior or higher to play in senior competitions.
 - (3) Payment of Registration Fee must be received by WP for a Registration application to be valid. Unfinancial players not eligible for competition until payment is made.

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

Water Polo Victorian has a compulsory wearing of mouthguards policy.

MOUTHGUARD? YES NO

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 Water Polo Victoria has adopted a policy which makes the wearing of mouthguards compulsory during matches conducted or authorised by Water Polo Victoria;
- b) acknowledge that I have freely made the decision not to wear a mouthguard;
- c) release and forever discharge Water Polo Victoria and any agent or employee of Water Polo Victoria 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, Codes of Conduct, policies and guidelines of my Club, Water Polo Victoria 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.com.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 Water Polo Victoria and/or Australian 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, Codes of Conduct, policies and guidelines of the Club for which this membership application applies, Water Polo Victoria 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.com.au and www.australianwaterpolo.com.au).

CLUB USE ONLY

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

Signature of Club Registrar: Date: / /

WPV OFFICE USE ONLY

Date application processed: / / Invoice Number:

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

Notes: (1) Each application must be forwarded via the Club Registrar to allocate a Club Registration number.

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

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