

AUSTRALIAN INDOOR BEACH VOLLEYBALL CHAMPIONSHIPS

PARTICIPATING TEAM – Individual Player’s Agreement

CODE OF CONDUCT FOR CHAMPIONSHIPS PLAYERS – RULES & GUIDELINES

- Play by and adhere to the rules
- Value safety, fair play and welfare above personal prestige and gain.
- Accept the authority of all umpires and game officials.
- Never argue with umpires. If you disagree, approach a Coordinator about your thoughts or feelings. No discussions regarding match decisions will be entered into during the game.
- Never use foul language.
- Control your temper. Verbal abuse of umpires or other players, deliberately distracting or picking on opponents are not acceptable or permitted behaviour in any sport.
- Do not question the actions of an umpire. They will not change their decision!
- Be a good sport. Applaud all good play, whether by team mates or opposition.
- Treat all participants in your sport, as you would like to be treated.
- Always co-operate with your coach and team mates and also with your opposition, as without them there would be no competition.
- Always participate for your own enjoyment and benefit, not just to please other persons.
- Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background or religion.
- I will adhere to all DIBV Centre rules

PLAYERS SIGNATURE

All player’s sign the Players Agreement – agreeing fully to the above mentioned dot points and the following statements:

I will conduct myself in a manner respecting the facilities, other players, referees and the officials and coordinators of the AUSTRALIAN INDOOR BEACH VOLLEYBALL CHAMPIONSHIPS while I am participating in the Championships.

I, the undersigned, have read, understand and agree to abide by the above rules and guidelines. I also agree to accept actions taken for failure to abide by these rules and guidelines.

TEAM NAME _____

Player Name	Signature	Date Signed

****Under 18 year players will require Parent/Legal Guardian Signature**



**AUSTRALIAN INDOOR
BEACH VOLLEYBALL CHAMPIONSHIPS**

MEDICAL INFORMATION & INDEMNITY

Name: _____ Email: _____

Address: _____ Post Code: _____

Date of Birth: ____/____/____ Phone (h) _____ (w) _____ (m) _____

**Additional information
(Please circle and If yes, please give details)**

Hepatitis B injections: Yes/No: _____ Date last tetanus injection: _____

Heart Problems: Yes/No: _____ Respiratory Problems: Yes/No: _____

Allergies: Yes/No: _____ Recent Illness: Yes/No: _____

Drugs/Medication Required: Yes/No: _____ Drug Reactions: Yes/No: _____
(e.g. Penicillin allergy)

Operations: Yes/No: _____ Blood Pressure: Yes/No: _____

Phobias: Yes/No: _____ Diabetes: Yes/No: _____

Any Pre-Existing Condition that may require preventative treatment: Yes/No: _____

If yes, please provide details:

Medicare No: _____ Reference No: _____ Expiry Date: _____

Private Medical Insurance: Yes / No

Fund: _____ Member number: _____ Reference No: _____

Emergency Contact: _____

Address: _____

Phone (h) _____ (w) _____ (m) _____

INDEMNITY:

I understand that I am participating in the AUSTRALIAN INDOOR BEACH VOLLEYBALL CHAMPIONSHIPS at my own risk. I also understand that the DIBV CENTRE advises that players take out personal accident insurance in case of injury. DIBV CENTRE will not be responsible for any injury to myself whilst participating in the AUSTRALIAN INDOOR BEACH VOLLEYBALL CHAMPIONSHIPS. I am participating at my own risk.

Player's Signature: _____ Date: _____

(Parent's signature if player is under 18 years of age)