

**NORTHERN TERRITORY 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 NORTHERN TERRITORY 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** \_\_\_\_\_

<b>Player Name</b>	<b>Signature</b>	<b>Date Signed</b>

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



**NORTHERN TERRITORY 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 NORTHERN TERRITORY 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 NORTHERN TERRITORY 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)