



## REGISTRATION FOR SUMMER SEASON 2016/17

(Please fill out all fields)

**Player Fees: \$120 (Full Season) Ordinary Membership: \$14 Adults/\$6 Under 16 Joining Fee: \$2**

**Membership Type:** Player  General Member  Volunteer

Name: ..... D.O.B: ..... / ..... / .....

Address: .....

..... Postcode: .....

Home Ph: ..... Mobile: .....

Email: .....

### Athlete Member Details

Disability: .....

Emergency Contact Person: ..... Contact Number: .....

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### Fees may be remitted by either of the following methods:

- By cheque payable to "Victorian Electric Wheelchair Sports Association" and posted to our office. (Note: DO **NOT** abbreviate to VEWSA)
- Pay by cash or cheque direct to the Treasurer or his representative at rounds played at **Aquahub**.
- Direct into our bank account **BSB: 814-282 Account No: 10383731**

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### NOTES

1. All players must be members of VEWSA and must pay the relevant Association Membership fee for 2016/17.
2. Playing fees for season 2016/17 were set by the VEWSA Committee in July 2015 and will be notified to all players who must pay such Playing Fee in full or pro rata - via the Association Treasurer Mr. Gary Cornish.
3. Only after a review and acceptance of this application, in conjunction with payment of any fees due, by the committee of the Victorian Electric Wheelchair Sports Association Incorporated will my membership be approved.
4. I also acknowledge that by applying to become a member of VEWSA Inc., I agree to, and will abide by, the VEWSA Code of Conduct Policy and support the intent with which it has being established. I fully understand that I may be disciplined for any breaches of these policies.
5. Player Registration Forms for 2016/17 Summer Competitions are to be lodged with the Match Committee as follows-
  - a) Bring the completed forms to Aquahub when a round of matches will be held.OR:
  - b) Send completed form to [membership@vewsa.org.au](mailto:membership@vewsa.org.au)

By signing this Agreement, I also give consent to the publication of written information pertaining to me (excluding medical or health information) and to the publication of my personal image and performance results, for non-commercial educational, promotional and archival purposes for the sport.

Signature: ..... Date: ..... / ..... / .....

(Parent or legal guardian if under 18 years old)