



# 2011 QEDP TRAINING CAMP REGISTRATION FORM

ONE FORM PER ATHLETE ... PLEASE PRINT CLEARLY

<b>ATHLETE DETAILS</b>	Name:		
	Email:		
	Date of Birth:		
	Residential Address:	Street & #:	
		Suburb:	Post Code:
	Phone Number	Home:	
Mobile:			
Postal Address: <i>(if different to residential address)</i>	Street & #:		
	Suburb:	Post Code:	
<b>PARENT / GUARDIAN DETAILS</b>	Name:		
	Relationship to Athlete:		
	Address <i>(if different to above)</i> :		
	Email:		
	Contact Number/s: <i>(in case of emergency)</i>	Home:	
Work:			
Mobile:			

By completing and returning this form, you are accepting a position for the QEDP Training Camp and that you are agreeing to pay the costs associated with this camp.

Athlete Signature: \_\_\_\_\_ Date:    /    /

Parent/Guardian Signature: \_\_\_\_\_ Date:    /    /

<i>I will be attending the following sessions during the camp: (please tick appropriate sessions)</i>	<b>MON</b>		<b>TUE</b>		<b>WED</b>		<b>THU</b>		<b>FRI</b>	
	<b>A.M.</b>	<b>P.M.</b>	<b>A.M.</b>	<b>P.M.</b>	<b>A.M.</b>	<b>P.M.</b>	<b>A.M.</b>	<b>P.M.</b>	<b>A.M.</b>	<b>P.M.</b>

## Medical Authorisation

In the event of an accident requiring surgery, every effort will be made to contact the parents / guardians to seek advice. In the event of the camp staff being unable to contact the parents / guardians, I hereby authorize the camp staff to take whatever decision they deem necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date:    /    /

Do you suffer from any allergies?  
Yes / No      Please specify:

Are you allergic to any medicines?  
Yes / No      Please specify:

Are you taking any medicines?  
Yes / No      Please specify:

Do you have any injuries?  
Yes / No      Please specify:



**Training Camp Fee\*:** General: 1<sup>st</sup> child = \$300 per athlete, 2<sup>nd</sup> Child = \$200.00  
 \*Prices incl. GST QEDP Scholarship Athletes: \$200.00

**T-Shirt Size:**  
 (Please circle size) Girls: 10 12 14 16 18 Boys: S M L XL

**Cash:**  Cash payments made to Coaching staff at first session of the Trials.  
 Receipts will be issued at the Camp  
 Amount received: \$ \_\_\_\_\_

**Direct Debit:**  Transfer relevant funds to Volleyball Australia bank account:  
 Transaction date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*NB: Please provide Remittance Advice slip when submitting this form.*  
 Bank: Commonwealth Bank of Australia  
 BSB: 062904  
 A/C Number: 10203263  
 Account Name: Australian Volleyball Federation  
 Transaction Description: QEDPC "Athlete name" (Eg: QEDPC JSmith)

**Cheque:**  Make cheque payable to "Australian Volleyball Federation"  
*Description on reverse of cheque: QEDPC "Athlete name" (Eg: QEDPC Jsmith)*

**Credit Card:**  Card No.:  |  |  |   
 Type of Card:  Visa  Mastercard  
 Name on Card: \_\_\_\_\_  
 Expiry Date: \_\_\_\_ / \_\_\_\_  
 Amount \$ \_\_\_\_\_ ... Please note a \$1.50 surcharge will be added  
 Cardholder's Signature: \_\_\_\_\_

**PLEASE COMPLETE & RETURN THIS REGISTRATION FORM VIA:**  
**POST:** QEDP Volleyball  
 C/- Grant Robertson / Angela Gaviglio  
 Queensland Academy of Sport, PO Box 956 Sunnybank Q 4109  
**FAX:** 07 3872 0205 ... Attn: Grant Robertson / Angela Gaviglio  
**EMAIL:** grant.robertson@avf.org.au ... please CC: angela.gaviglio@avf.org.au

**REGISTRATION FORM TO BE RETURNED BY: WEDNESDAY, 14<sup>TH</sup> SEPTEMBER, 2011**

STAFF ONLY					
Registration Recorded		Payment Received		T-Shirt ordered	QEDP Athlete
Details Recorded		Payment Recorded		T-shirt issued	
Confirmation Sent				Follow-up Sent	
<b>Additional Notes:</b>					