## Easts Volleyball Club

**CONTACT DETAILS** 



2020 Easts Junior Volleyball Championships Player Exemption Form

This exemption form is to authorise a player who has otherwise not met eligibility criteria to participate in a match or set of matches. Exemptions will be assessed by the Tournament Control Committee. The request for exemption must be submitted to the Tournament Control Committee at least two (2) hours prior to the match start time on the draw. Factors such as tournament standard, the timeliness of the application and the fairness to all parties will be considered in the decision. This player must meet player eligibility criteria set forth by *Tournament Regulations Section 3.2* to be considered.

| Contact Name  |  |                  |                         |                       |
|---|--|------------------|-------------------------|-----------------------|
| Email   |  |                  | Phone                   |                       |
| PLAYER DETAILS  |  |                  |                         |                       |
| Please enter the details o seeking the exemption fo     |  | exemption and th | e division and team to  | which they are        |
| Full Name   |  |                  |                         |                       |
| Player Date of Birth                                    |  |                  | Membership ID<br>(VQID) |                       |
| Division Seeking<br>Exemption                           |  |                  |                         |                       |
| Team  |  |                  |                         |                       |
| Commencing Date   |  |                  | Commencing<br>MatchID   |                       |
| Reason for Exemption                                    |  |                  |                         |                       |
|   |  |                  |                         |                       |
|   |  |                  |                         |                       |
|   |  |                  |                         |                       |
|   |  |                  |                         |                       |
| TEAM APPROVAL   |  |                  |                         |                       |
| I, the <u>Team Coach / Team</u> starting from the comme |  |                  | horise the player abo   | ve to play in my team |
|   |  |                  |                         | / /2022               |
| Team Coach or Team Captain Print Name Signature         |  |                  |                         | //2020<br>Date        |

This form can be submitted to eivc@eastsvolleyball.club OR handed to the Tournament Office at the venue.