



Scottish Volleyball Association Affiliation Form



Club Details

Club Name _____

Club Website _____

Home Venue _____

Address _____

Volleyball District _____

if (applicable) _____

Highest Participation Level (Volleyball)

National League Junior League University League District League Recreational

Highest Participation Level (Beach Volleyball)

Scottish Tour 2-a-side Scottish Tour Junior University Scottish Tour 4-a-side Recreational

Please indicate the number of teams (volleyball) and/or players (beach) in your club

Level	Male	Female	Mixed	Participation Frequency i.e. once a week
National League			X	
Junior League			X	
University League			X	
District League				
Recreational				
Beach			X	
Other (please specify)				

I confirm that the Club has the following facilities/policies in place (please note a copy of your club constitution may be required to submit to the SVA. If your club is not signing by the SVA Child Protection Policy then a copy of your CP policy will also be required.

Club Constitution Yes/No Child Protection Policy Yes/No Club Bank Account Yes/No

DETAILS OF CLUB ADMINISTRATOR

Name _____

Address _____

Tel No : Home _____ Daytime/Mobile _____

Email _____

CLUB WEBSITE CONTACT DETAILS

Please enter details that you wish to be displayed on the Scottish Volleyball website search facilities and membership reports. (by enter details here you give permission for these details to be displayed on the SVA website and included on membership reports that may be sent to members and public enquirers).

Contact Name _____ Website Telephone _____
 Website Email _____

DETAILS OF CHILD PROTECTION OFFICER

Name _____

Address _____

Tel No : Home _____ Daytime/Mobile _____

Email _____

In line with the requirements of the Scottish Volleyball Child Policy, all individuals with or involved with junior participants will be required to complete a Criminal Records Bureau (CRB) check

DETAILS OF CLUB PRESIDENT

Name _____ Contact No _____

Email Address _____

DETAILS OF COACHING STAFF (use separate sheet if required)

Head Coach _____ Assistant Coach _____

Assistant Coach _____ Assistant Coach _____

Payment Information – Please make cheques payable to Scottish Volleyball Association Ltd

Level	No Of Teams	Cost	Total
National		@ 25.00 per Team	
Junior		@ 20.00 per Team	
District		@ 20.00 per Team	
University		@ 20.00 Per Team	
Beach	X	@ 20.00 for Beach Session	
Total amount of Cheque			

Data Protection: Any information provided by you will be held by SVA on its database and by the SVA Commissions and used for operational purposes i.e. SVA Handbook. If you do not wish any of your details to be disclosed to members or public enquiries please tick the box

We will from time to time contact you by email or other electronic means to promote Volleyball within Scotland, if you do not want to receive these communications please tick the box

We may from time to time pass your information on to carefully selected partners. If you do not want your details passed on to SVA partners, please tick this box

Signed Club Secretary _____ Date _____