



Scottish Volleyball Association - Membership Form (U16)

Participant Personal Details

School Name*

Surname* Forename*

DOB* Gender* Male Female Other

Participant Equality Questionnaire

Do you consider yourself to have a disability? Yes No

If yes, please identify the nature of your disability

Physical Disability (Ambulant) Physical Disability (Use of Wheelchair for sports) Sensory Impairment (Blind/Visually Impaired) Sensory Impairment (Deaf/Hearing Impaired) Learning Disability

Please indicate your ethnic group

Parent/Carer Personal Details

Surname* Forename*

Home Address*

Town* Post Code*

Telephone* Mobile

Email Address*

Electronic Communications (Parent/Carer)

From time to time we may contact you with information regarding upcoming volleyball events and courses.

*If you agree to be contacted this way, please tick here

Declaration

I understand that membership will only be granted on the condition that I agree to and abide by the Memorandum & Articles of Association and the Byelaws of the SVA together with any amendments that may be made during the period of membership.

I understand that my personal information will be stored on the SVA database and will be used for information related to my membership. Full information on data storage can be found on the SVA Privacy Statement on the SVA website under <https://www.scottishvolleyball.org/sva/sva-governance/strategic-plan-policies>

*Signed _____ Date _____
(Signed by parent or carer if under 16 years of age)