## 2019 VACT REPRESENTATIVE PLAYER AGREEMENT

**Player, Parent and Guardian to read/sign**

I ………………………………………………... (Print name), hereby declare that I am an amateur as prescribed by Volleyball Australia (VA).

I agree that for the duration of the ACT representative team program, I shall:

1. behave in a professional and dignified manner both on and off the court &

abide with each and all of the directions given to me by any VACT or Tournament official;

1. allow my name, image, voice, person or performance in my team to be used by VACT or VA for promotional and other purposes;
2. advise and seek the approval of VACT of any changes in circumstances which might affect my eligibility for continued inclusion in the team;
3. be responsible financially for any damage to property or person I incur when representing VACT & finalise all expenses owing to VACT before travel
4. not drink alcohol, smoke or take any illegal/banned substances. \*Applies to U18 and O18
5. Represent VACT positively through both personal conduct and on any social media content;
6. Demonstrate the values of fair play and respect for all players, coaches and officials.

I also acknowledge that failure to abide by any or all of the above may result in my exclusion from the team and / or future teams representing VACT and that further disciplinary conditions may apply at the discretion of VACT.

Signature of Player: Date: Name of Player

**Parent/Guardian to read and sign (if player is Under 18 years of age)**

I give permission for my son/daughter to participate in the 2019 VACT Representative Program and in any activities associated with the team program and the Championships. I am aware of all expectations involved in this program as outlined by VACT, including those regarding player behaviour, medical notification, kit requirements and financial obligations.

Signature of Parent/Guardian: Date: Name of Parent/Guardian