**Saturday 2nd & Sunday 3rd July 2016 (\*Closing date Monday 20th June 16)**

**EVENTS – The following events will take place if sufficient teams enter:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Competition** | **Eligibility** | **Day** | **Players** | **Cost** |
| Under 12 Boys Div 1 | U12 on 31.12.16 | Saturday 2nd July | 2 or 3 | £18.00 / team |
| Under 12 Girls Div 1 | U12 on 31.12.16 | Saturday 2nd July | 2 or 3 | £18.00 / team |
| Under 12 Boys Div 2 Catch & Volley | U12 on 31.12.16 | Saturday 2nd July | 2 or 3 | £18.00 / team |
| Under 12 Girls Div 2 Catch & Volley | U12 on 31.12.16 | Saturday 2nd July | 2 or 3 | £18.00 / team |
| Under 14 Boys Div 1 British Champs | U14 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 14 Girls Div 1 British Champs | U14 on 31.12.16 | Sunday 3rd July  | 2 | £18.00 / team |
| Under 14 Boys Div 2 | U14 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 14 Girls Div 2 | U14 on 31.12,16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 16 Boys Div 1 British Champs | U16 on 31.12.16 | Saturday 2nd July | 2 | £18.00 / team |
| Under 16 Girls Div 1 British Champs | U16 on 31.12.16 | Saturday 2nd July | 2 | £18.00 / team |
| Under 16 Boys Div 2 | U16 on 31.12.16 | Saturday 2nd July | 2 | £18.00 / team |
| Under 16 Girls Div 2 | U16 on 31.12.16 | Saturday 2nd July | 2 | £18.00 / team |
| Under 18 Men Div 1 British Champs | U18 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 18 Women Div 1 British Champs | U18 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 18 Men Div 2  | U18 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| Under 18 Women Div 2  | U18 on 31.12.16 | Sunday 3rd July | 2 | £18.00 / team |
| **Team Contact Name:**  |  | **Contact Email:** |   |
| **Phone:** |  |  |  |
| **Address:** |   |
| **Town:** |   |
| **Competition**: |   |   |   |   |
| **Team Name:**  |   |   |  |  Region |
| **Player 1:** |  |  Date of birth |
| **Player 2:** |  |  Date of birth  |
| **Player 3:** |  |  Date of birth  |
| **Player 4:** |  |  Date of birth  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cheque enclosed for:** | **£** |  |  | **(Cheques payable to Bournemouth University)** |

**\*Late entries (after 20th June) will be subject to a £2.50 per person, per event**

Please return completed form to ncarr@bournemouth.ac.uk or post to Natalie Carr, SportBU, Bournemouth University, Talbot Campus, Fern Barrow. Dorset. BH12 5BB. If you prefer payment to be by **direct debit** then please tick this box and we will call you once entry form is received.
*“Entries will only be accepted once full payment has been received”*

**For more information and details about this event please visit** [**www.wessexvolleyball.com**](http://www.wessexvolleyball.com) **or for any further/specific questions please email - Andy Jones** **sandbanksbvt2016@gmail.com**

Entrants consent to their inclusion in all official photographic, visual and audio recordings of the event as participants or audience and for use in future promotional material for similar events. If you as a **Parent or Guardian** prefer that you child is not photographed, please advise the organisers on the day.



*As part of the Event Licence Agreement with Volleyball England, team contact details will be disclosed to Volleyball England for development purposes. If you wish for your details not to be disclosed please tick here*



PARENTAL CONSENT FORM

We are very pleased to welcome you to the “Sandbanks Beach Volleyball Festival”. To ensure that we have the correct contact details for you, please insert the information requested below and return with the entry form **(A copy will need to be completed for each athlete**)

If you are under 16 please ask your parent or guardian to sign the form before it is returned.

**PERSONAL DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  |  |   | Date of Birth:  |   |
| Address:  |   |   |   |   |
|   |   |   | Post Code:  |   |
| Home Phone:  |   | Mobile  |  |   |
| Gender: M/F |  |  |  |  |

**MEDICAL INFORMATION & CONTACT DETAILS**

Please detail below any important medical information that we should be made aware of (e.g. epilepsy, asthma, diabetes, etc)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   |   |   |   |

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact name (Parent/Guardian): |   |   |   |
| Emergency contact number(s):  |   |   |   |

*I certify that my child is in good health and is able to participate in normal volleyball activities. In the event of an accident or illness I request that the staff take any necessary action at the time. I understand that every effort will be made to contact me in the event of any such medical emergency. I understand that this event will operate in a public place and that the event organisers and personnel will make reasonable arrangements necessary to fulfil the Volleyball England Child Protection Policy. I also give permission for my son / daughter to be photographed at the event. If required I also give permission for my child to undergo doping control.*

 Parent /Guardian Signature Date