



POCOCKS

INDOOR BEACH VOLLEYBALL LEAGUE REGISTRATION FORM

(please complete and fax back to 0866 360 153 or email info@beachsports.co.za)

Team name: _____ **Referred By:** _____
Preferred League Night: Monday Tuesday Wednesday Thursday
League: 6-a-side 4-a-side 2-a-side
Std Costs: R 2 400.00 = Registration fee plus 9 x match fees based on a 10-team league (See point number 2 for discounts)

TERMS AND CONDITIONS

1. All match fees MUST be paid in FULL before the start of each match. Referees shall only start matches once both teams have paid.
2. Teams that pay full season fees within 2 weeks of the start of the new season, shall receive a **R40 discount per match. (e.g. R400 for a 10-team league)**
3. Any Team forfeiting a game will be liable for the cost of the match (both teams match fees).
4. Teams withdrawing from the league before it is complete, will be charged a withdrawal fee of R1000.00.
5. A 1-week advanced match schedule shall be provided on our notice board. Teams shall also receive an sms confirming match times 2 days prior to their match.
6. Changes to the schedule will only be made in extreme circumstances (Pococks require a 1 week notice)
7. The match fees for the Semi's and Finals, as well as the bronz medal match are not included in the Season match fees. Should a team qualify for the Semi Final matches, they will be required to pay for these matches prior to the start of the Semi Finals. (Matches shall be charged at seasons match rates)
8. In consideration of being allowed to participate in any way in Pococks Action Beach Volleyball events and related activities, the undersigned acknowledges, appreciates, and agrees that:
 - a. The risk of injury from the activities involved in, is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
 - b. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, and assume full responsibility for my participation; and
 - c. I willingly agree to comply with the stated customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
 - d. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, Pococks Action Beach Volleyball, officials, organizers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and leasers of premises, used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR OTHERWISE; and
 - e. FOR PARTICIPANTS UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION: This is to certify that I, as parent / guardian with legal responsibility, do consent to my minor child's involvement or participation in the event and/or programmes.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

	FULL NAME	CELL	OFFICE	EMAIL	DATE	Signature participant/ parent/Guardian
CAPTAIN (Co-Principal Debtor & Surety)						
VICE CAPTAIN (Co-Principal Debtor & Surety)						
PLAYER 3						
PLAYER 4						
PLAYER 5						
PLAYER 6						
PLAYER 7						
PLAYER 8						
PLAYER 9						
PLAYER 10						

Pococks Action Beach Volleyball (Pty) Ltd	VAT Number 4910220393	Reg Number 95/08631/07
Physical Address Stand 292 Northlands Deco Park New Market Street Just off Witkoppen Northlands	Postal Address Suite Number 607 Private Bag X09 Weltevreden Park 1715	Bank Details ABSA Clearwater Mall Cheque Account 406 288 1244
	Email info@beachsports.co.za Web www.beachsports.co.za Telephone +27 11 462 8015 Facsimile +27 86 636 0153	Director: Colin Pocock