

## 2025 SAVSC EXEMPTION FORM

Please complete all the below fields, including relevant information in as much detail as possible along with any other necessary documentation attached (Player Lists, Medical Reports, etc.) Incomplete forms or forms with inadequate information will not be granted.

First Name:	Surname:		
School:	Date of Birth:		
Address:			
	ear:		
Contact Phone:	Contact Email:		
Team wishing to play in: _			
Please list previous Voll	eyball experience (Club, School etc)		
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Please tick which of the	e following reasons is applicable to the application:		
Medical (Please attach re	elevant medical certificate)		
Height / Weight (Please include percentile in which this player falls into)			
Team Numbers (Please su	ubmit a full team list to Volleyball South Australia including players Dates of Birth)		
Personal/Family (Please s	tate)		
Other (Please state)			
With reference to the ti	ck boxes previous, please detail any further reasoning for this application,		
	pporting documents and attachments:		



Declaration				
I (School Official)	have submitted the above application for player			
	to play in the _	School's	team	
this Schools Cup, for	the reasons stated	above. I believe that this player meets th	e necessary criteria, and it is	
most appropriate for	them to play within	this team.		
		Name of School Official		
		Role of School Official		
		Signature of School Official		
		Signature of Parent/Guardian		
		Signature of Player		
		Date		
returned to the sch Volleyball South Au Failure to comply w	ool. stralia approves th ith restrictions as	lian Volleyball Schools Cup Tournamer ne above permit request for the 2025 S per Volleyball South Australia Rules ar etion of Volleyball South Australia.	SA Volleyball Schools Cup.	
South Australian Vo	 Illeyball Schools		 Date	
Cup Tournament Di	rector			

Form to be completed and returned to Volleyball South Australia: Madeeha.s@volleyballsa.com.au.