

## 2026 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: \_\_\_\_\_

Player's current School Year: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Team wishing to play in: \_\_\_\_\_

**Please list previous Volleyball experience (Club, School etc)**

**Please tick which of the following reasons is applicable to the application:**

Medical (Please attach relevant medical certificate)

Height / Weight (Please include percentile in which this player falls into)

Team Numbers (Please submit a full team list to Volleyball South Australia including players Dates of Birth)

Personal/Family (Please state)

Other (Please state)

**With reference to the tick boxes previous, please detail any further reasoning for this application, referencing relevant supporting 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 the 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**

**To be completed by the South Australian Volleyball Schools Cup Tournament Director and a copy returned to the school.**

**Volleyball South Australia approves the above permit request for the 2026 SA Volleyball Schools Cup. Failure to comply with restrictions as per Volleyball South Australia Rules and Regulations can result in the permit being revoked at the discretion of Volleyball South Australia.**

\_\_\_\_\_  
**South Australian Volleyball Schools  
Cup Tournament Director**

\_\_\_\_\_  
**Date**

Form to be completed and returned to Volleyball South Australia: [Madeeha.s@volleyballsa.com.au](mailto:Madeeha.s@volleyballsa.com.au).