

2026 SMASH 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: _____

School Contact Phone: _____ School 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:

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

Medical (Please attach relevant medical certificate) ☐

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 Smash, 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 Smash Tournament Director and a copy returned to the school.

Volleyball South Australia approves the above permit request for the 2026 SA Smash.

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 Smash
Tournament Director**

Date

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