



volleyball association of ireland

Affiliated to: FIVB, CEV, Olympic Council of Ireland

VAI Medical Personnel Registration 2010/11

(Please fill in using **BLOCK** capitals)

First Name			
Surname			
Address			
Phone:	(H):	(W):	(M):
E-mail:			
Medical Qualification Held:			
Year of Qualification:			
Place of Qualification:			
Team/Club you represent:			
Registration Fee(s):		Fee	
	VAI Registration 10/11	€10	<input type="checkbox"/>
	TOTAL (ENCLOSED):		<input type="text"/>
NOTICE			
<i>"Please register me as a Medical Officer with the VAI for the 2009/10 season. I have read, understood and will abide by the Code of Ethics as published by the Irish Sports Council (available at www.irishsportsCouncil.ie)."</i>			
Signed		Date	
_____		_____	
Coach			

DRO						OI						DR					
Issued By												PT					

