



CO-ED Volleyball tournament Team Registration



Team Name: _____

Team Manager: _____

By signing below, you agree that you have read and fully understand the Waiver of All Claims and Release and Assumption of Risk, Release and Hold Harmless Agreement, and the Photo and Video Policy on the back of this page.

	PRINT NAME	SIGNATURE
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

Per Player = \$_____ for a total of \$250

Registration will be complete ONLY when we have the registration form, full payment, and **ALL** signatures from participating players.

NEEDS TO BE COMPLETED AND TURNED IN BY 5/15/19 AT 5:00 pm

For more information contact Enrique or Officer Garcia: (559) 305-5544 or (559)341-7312