

2010 VOLLEYBALL TEAM REGISTRATION

**DEADLINE
EXTENDED TO
THURSDAY,
JULY 22 AT 3 P.M.**

TEAM _____
(please print)

- ◆ **Each member of the team needs to sign and date this registration form.**
- ◆ **Return form and fee to:** Kolacky Days Volleyball Tournament, 206 First Street S, Montgomery, MN 56069
For questions: please call 507-364-5577
- ◆ **Registration fee:** \$100 per team – Please make checks payable to **Montgomery Area Community Club.**
- ◆ **Deadline:** ~~Monday, July 19, 2010.~~ **Thursday, July 22 at 3 p.m.!!!**
- ◆ **Please read and sign the following.** Any players under 18 years of age must have a parent sign.

I, the undersigned, know that volleyball is a sport carrying risk of personal injury. I know there are natural and man-made hazards, surface and environmental conditions, and risks, which in combination with my actions can cause severe or fatal injury. I agree that I must take an active role in understanding and accepting these risks, conditions and hazards. I also agree that I, and not Volleyball officials, staff or volunteers are responsible for my safety while I participate in the Tournament. I hereby release the City of Montgomery, Montgomery Area Community Club, Mobilize Montgomery, Volleyball Tournament officials, sponsors, organizers and any or all persons connected with the Volleyball Tournament from any and all liability for any injuries or damages I might sustain. This statement of risk and signatures thereto, shall be valid for and apply to all portions of the Volleyball Tournament occurring in the City of Montgomery, County of Le Sueur, Minnesota on July 24, 2010.

Name _____
(Please print)

Signature _____ Date _____
(Parent or Guardian if under 18)

Name _____
(Please print)

Signature _____ Date _____
(Parent or Guardian if under 18)

Name _____
(Please print)

Signature _____ Date _____
(Parent or Guardian if under 18)

Name _____
(Please print)

Signature _____ Date _____
(Parent or Guardian if under 18)

Name _____
(Please print)

Signature _____ Date _____
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Name _____
(Please print)

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