



2024 KOLACKY CO-ED VOLLEYBALL

REGISTRATION FORM

100% PAYBACK TO THE TOP 3 TEAMS!

July 27, 2024



TEAM INFORMATION

TEAM NAME (Please Print): _____

CAPTAIN (Please Print): _____ PHONE: _____

- Each member of the team needs to sign and date this registration form.
- Return form and fee to: Ashley Tolzman, Kolacky Days Volleyball Tournament, 23547 180th St., New Richland, MN 56072
- For questions: please call or text Ashley at 507-461-5271 (text works best) or email atolzman@nrhcg.k12.mn.us
- Registration fee: \$100 per team – Please make checks payable to **Montgomery Area Community Club**, 206 1st St. S, Montgomery MN 56069
- 100% PAYOUT to the top 3 teams! 15 team limit MAX!
- Deadline: Friday, July 19, 2024

WAIVER OF LIABILITY

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, 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 27, 2024.

1. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

2. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

3. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

4. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

5. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

6. NAME (Please Print): _____ DATE: _____

SIGNATURE (Parent or Guardian if under 18): _____

Deadline: Friday, July 19, 2024. No exceptions. Teams will not be refunded after Friday, July 19, 2024.

Montgomery Area Community Club Inc. | www.montgomerymn.org

Find Us On:    