



Fall Academy 2011 Registration Form
Taking your game to the next level!

Registration and Release

Name:				Please Circle One:	
Address:				Session I (5th/6th) 4:30-6:00 Session II (5th/6th) 6:00-7:30	
City:				Session III (7th/8th gr) 7:30-9:00	
State/ZIP:			Email:		
Phone:			DOB:		
Grade '11-'12			School:		
Previous Club Experience:	Club:	Shirt Size: Youth S..M..L Adult S..M..L..XL			
Waiver Statement:					
<p>The undersigned states that he/she understands that Mid-America Volleyball is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Mid-America Volleyball Club, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said program.</p>					
I have read and understand the waiver statement					
Signature: _____			Date: _____		
Signature of parent/guardian of participant					

Space is limited to 32 participants per session. Reserve your spot today by sending registration and check for \$195 to: MAVS FALL ACADEMY, 4500 W. 107th St., Overland Park, KS 66207.

Additional questions?? Email Kathy Bates at kbates@mavskc.com or call 913-383-2636



|

|