

MAVS SPRING FLING 2012

<u>LAST NAME:</u>		<u>FIRST NAME</u>	
<u>ADDRESS:</u>	<u>CITY:</u>	<u>ST</u>	<u>ZIP</u>
<u>E-MAIL:</u> (REQUIRED)			
<u>HOME PHONE</u> AREA: - -		<u>PARENT WORK PHONE</u> AREA: - -	
<u>DATE OF BIRTH:</u> / /		<u>CURRENT AGE:</u>	<u>GRADE:</u>
<u>SCHOOL:</u>		COST: \$130.00 PER PARTICIPANT	
T-SHIRT SIZE: YOUTH MED. YOUTH LG ADULT SM ADULT MED ADULT LG ADULT XL			
Tuesday Session: 5:00-6:00 pm _____		Thursday Session : 5:00-6:00 pm _____	
Tuesday Session: 6:00-7:00pm _____		Thursday Session: 6:00-7:00pm _____	

WAIVER AND RELEASE OF LIABILITY - MAVS NOTE: This form must be read and signed before the player listed above is allowed to take part in any training, tryout, competition or practice/warm-up sessions and meeting or testing sessions. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury or property damage. With a full understanding of the potential risks,

I AM UNDER THE AGE OF EIGHTEEN (18) YEARS, MY PARENT/GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW. (If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing Waiver and Release, the following, for and on behalf of the minor.) The undersigned (parent /or/ guardian - **Circle One**), the parent and natural guardian or legal guardian of _____ (minor's name) executes the foregoing Waiver and Release for and on behalf of the minor named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities named in the Waiver and Release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I fully consent to my child's participation in MAVS events.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date Signed

Please mail payment and registration form to:

MAVS Volleyball
4500 W. 107th St.
Overland Park, KS 66207

Questions? Please contact Kathy Bates: kbates@mavskc.com or call 913-383-2636