



**Fall Academy 2010 Registration Form  
Taking your game to the next level!**

**Registration and Release**

Name:		Please Circle One:			
Address:		Session I (5th/6th Grade)		Session II (7th/8th Grade)	
City:		State:		ZIP:	
Phone:		Email:			
Grade '10-'11		DOB:			
School:		Shirt Size: Youth S..M..L Adult S..M..L..XL			
Previous Club Experience:		# of years:		Club:	

**Waiver Statement:**

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.

**I have read and understand the waiver statement**

Signature: \_\_\_\_\_  
Signature of parent/guardian of participant

Date: \_\_\_\_\_

Space is limited to 32 participants per session. Reserve your spot today by sending registration and check for \$180 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