

USCAK Ukrainian Nationals Volleyball Championships

POWERZONE - OCTOBER 15, 2011

REGISTRATION / WAIVER FORM

TEAM NAME: _____
(Please state team & sports club name exactly as you want it to appear on website and releases)

USCAK AFFILIATED SPORTS CLUB NAME: _____
(Must be a Member in good standing of USCAK)

CAPTAIN / COACH NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

DAYTIME PHONE: _____ **EVENING PHONE:** _____

TEAM UNIFORM COLORS: _____
(If you do not have uniforms, try to dress in the same color)

WAIVER OF LIABILITY

Each club / team and its individual players acknowledge that they are participating in this tournament at their own risk. Each club / team and its individual players agree to hold harmless the Lys Sports Academy Inc., and USCAK organization and any related organizations, their officers, directors and members from any and all responsibility or liability for any injuries or damages sustained during or as a result of their participation in the tournament, and that each club / team will be responsible for their own players and coaches with regard to any injuries or damages that may occur. It is the responsibility of each club / team to inform all participants and their parents and/or guardians of this provision.

PLAYER'S FULL NAMES: (Please print and then have players sign.)

1) _____ signature _____

2) _____ signature _____

3) _____ signature _____

4) _____ signature _____

5) _____ signature _____

6) _____ signature _____

7) _____ signature _____

8) _____ signature _____

9) _____ signature _____

10) _____ signature _____

TEAM MANAGER'S SIGNATURE _____ **DATE:** _____