



Marianas Kids Cup (Guam) Beach Volleyball Tournament

Registration/Waiver Form



What:	Beach Volleyball
When:	Sunday, March 15th
Divisions:	Boys & Girls Mixed 14U 4s (One opposite gender on the court at all times)
Advanced Registration REQUIRED	1) Email entries accepted at guamvolleyball@gmail.com 2) or at St. John's Gym 3) Fri, March 13th, 5:00pm registration deadline 4) No late entries will be accepted
Check-In Game Day:	8:00am check-in, t-shirts
Where:	Ypao Beach Park
Games Start:	9:00am
Format:	Pool Play and Double Elimination (see back side of this form for more information)
Entrance Fees:	FREE

Beach Volleyball Tournament Rules

Teams: You bring your own team or show up to get placed on a team

- Format:** Double Elimination with a reward program
- Generally, standard FIVB 2-person beach volleyball rules apply with the following exceptions
 - The reward program provides a team that scores a point with an extra point if they display the proper volleyball skills of Bump, Handset and Overhead kill.
 - If the child serving is 11 and under, and attempts an overhand serve he/she will get a second chance if he/she does not make it.
 - All players must serve and the serve **MUST** rotate
 - Scoring
 - Games to 15 (Cap 21)
 - Semi-finals and finals games to 21 (Cap 25)

Depending on the number of teams entered, Directors reserve the right to adjust game scoring in order to finish all the games

Contact Info: guamvolleyball@gmail.com or Chris Shepherd at cshepherdad@gmail.com

TURN THIS PAGE OVER FOR REGISTRATION FORM

(Parent or Guardian Signature Required for under 18-years old)





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www.guamvolleyball.sportingpulse.net

TEAM NAME: _____

PLAYERS NAMES

1.	2.
3.	4.
5.	6.

Participant Release: I/We hereby certify that I/we am/are physically healthy to participate in this event. I/We release the Sponsors, Organizers, GVBF, Government of Guam, and all those affiliated from any liabilities or responsibilities in the event of an accident. Further, I/we hereby grant full permission for the free use of my/our name and picture(s) in any broadcast, telecast, or written account of any these activities and events. I/we have read the entry information provided and certify my compliance by my signature on this registration form. **REQUIRED** Parent/Guardian sign and print name next to under 18 players.

M / F			M / F
AGE	Player 1 (PRINT)	Player 2 (PRINT)	AGE
T-SHIRT	Player 1 (SIGN)	Player 2 (SIGN)	T-SHIRT
PAID	Phone	Phone	PAID

Email _____

Email _____

Please note any fitness or medical concerns for each player that organizers should be aware of on the line above.

EMERGENCY CONTACT – PLEASE PRINT CLEARLY

Name _____ Phone 1/Phone 2 _____

Name _____ Phone 1/Phone 2 _____

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TEAM NAME: _____

M / F	_____	_____	M / F
AGE	Player 3 (PRINT)	Player 4 (PRINT)	AGE
T-SHIRT	Player 3 (SIGN)	Player 4 (SIGN)	T-SHIRT
PAID	Phone	Phone	PAID

Email _____

Email _____

Please note any fitness or medical concerns for each player that organizers should be aware of on the line above.

EMERGENCY CONTACT – PLEASE PRINT CLEARLY

Name _____ Phone 1/Phone 2 _____

Name _____ Phone 1/Phone 2 _____

M / F	_____	_____	M / F
AGE	Player 5 (PRINT)	Player 6 (PRINT)	AGE
T-SHIRT	Player 5 (SIGN)	Player 6 (SIGN)	T-SHIRT
PAID	Phone	Phone	PAID

Email _____

Email _____

Please note any fitness or medical concerns for each player that organizers should be aware of on the line above.

EMERGENCY CONTACT – PLEASE PRINT CLEARLY

Name _____ Phone 1/Phone 2 _____

Name _____ Phone 1/Phone 2 _____

