

# NMIVA Volleyball Fundraiser Tournament

## Registration/Waiver Form

**What:** 6-P Indoor Volleyball  
**When:** Saturday & Sunday, May 1 & 2, 2015  
**Divisions:** Men's & Women's Divisions (16 yrs & Up)  
**Registration:** Saturday, May 2, 7:30-8:30AM (Ada Gym)  
**Games Start:** 9:00am, both Sat and Sun  
**Where:** Ada Gym  
**Format:** Round Robin (Sat) & Double Elimination (Sun)  
**Entrance Fees:** \$15/player – Max 7 players per Team

## Volleyball Tournament Rules

- Teams:** You bring your own team or show up to get placed on a team
- Format:** **Saturday games double round robin for seating to Sunday's double elimination**
- DOUBLE ROUND ROBIN: 1 set, game to 25, win by 2, cap at 30
  - DOUBLE ELIMINATION: Best of 3, timed games, win by 2, first 2 sets to 25, cap 30
  - All players must serve and the serve MUST rotate
  - Depending on the number of teams entered, Directors reserve the right to adjust game scoring in order to finish all the games
  - FIVB indoor volleyball rules apply

### TURN THIS PAGE OVER FOR REGISTRATION FORM

(Parent or Guardian Signature Required)

*Multiple separate signature pages will be accepted*

**TEAM NAME:** \_\_\_\_\_

**PLAYERS NAMES – PLEASE PRINT CLEARLY!**

1.	2.
3.	4.
5.	6.
7.	8.

STAFF USE ONLY:		AMOUNT
NMIVA Membership (or renewal)		\$20/each (optional) \$ -
		\$120/team \$ -
Count	TOTAL	



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## Registration/Waiver Form

**EVENT/DATE:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**Participant Release:** I/We hereby certify that I/we am/are physically healthy to participate in this event. I/We release any and all sponsors, organizers, NMIVA, NMSA, CNMI Government, 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.

**Parent/Guardian signature and print name next to under 18 players.**

M / F	_____	_____	M / F
AGE	<b>Player 1 (PRINT)</b>	<b>Player 2 (PRINT)</b>	AGE
	<b>Player 1 (SIGN)</b>	<b>Player 2 (SIGN)</b>	
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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M / F	_____	_____	M / F
AGE	<b>Player 3 (PRINT)</b>	<b>Player 4 (PRINT)</b>	AGE
	<b>Player 3 (SIGN)</b>	<b>Player 4 (SIGN)</b>	
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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**Parent/Guardian signature and print name next to under 18 players.**

M / F	_____	_____	M / F
AGE	<b>Player 5 (PRINT)</b>	<b>Player 6 (PRINT)</b>	AGE
	<b>Player 5 (SIGN)</b>	<b>Player 6 (SIGN)</b>	
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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M / F	_____	_____	_____
AGE	<b>Player 7 (PRINT)</b>	_____	_____
	<b>Player 7 (SIGN)</b>	_____	_____
PAID	Phone	_____	_____
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	_____	_____
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