

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	



NMIVA Volleyball Fundraiser Tournament

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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	Player 1 (PRINT)	Player 2 (PRINT)	AGE
	Player 1 (SIGN)	Player 2 (SIGN)	
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	Player 3 (PRINT)	Player 4 (PRINT)	AGE
	Player 3 (SIGN)	Player 4 (SIGN)	
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.

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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	Player 5 (PRINT)	Player 6 (PRINT)	AGE
	Player 5 (SIGN)	Player 6 (SIGN)	
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	Player 7 (PRINT)	_____	_____
	Player 7 (SIGN)	_____	_____
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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