

REGISTRATION INFORMATION- All players must fill out !!

(if more than four members, make copy)

Name

Address

City State Zip

Phone

Email Position

School

Tshirt size (circle one): YS YM S M L XL

I, the undersigned, as the parent of legal guardian of a minor child, _____ hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

Insured: _____

Company: _____

Policy Number: _____

It is further understood that the CSM Volleyball Camp does not provide medical insurance for this camp. The undersigned hereby releases College of Saint Mary and its staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in the CSM Volleyball Camp.

Parent or Legal Guardian Signature

Name

Address

City State Zip

Phone

Email Position

School

Tshirt size (circle one): YS YM S M L XL

I, the undersigned, as the parent of legal guardian of a minor child, _____ hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

Insured: _____

Company: _____

Policy Number: _____

It is further understood that the CSM Volleyball Camp does not provide medical insurance for this camp. The undersigned hereby releases College of Saint Mary and its staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in the CSM Volleyball Camp.

Parent or Legal Guardian Signature

Name

Address

City State Zip

Phone

Email Position

School

Tshirt size (circle one): YS YM S M L XL

I, the undersigned, as the parent of legal guardian of a minor child, _____ hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

Insured: _____

Company: _____

Policy Number: _____

It is further understood that the CSM Volleyball Camp does not provide medical insurance for this camp. The undersigned hereby releases College of Saint Mary and its staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in the CSM Volleyball Camp.

Parent or Legal Guardian Signature

Name

Address

City State Zip

Phone

Email Position

School

Tshirt size (circle one): YS YM S M L XL

I, the undersigned, as the parent of legal guardian of a minor child, _____ hereby acknowledge that the aforementioned child is covered by medical insurance as follows:

Insured: _____

Company: _____

Policy Number: _____

It is further understood that the CSM Volleyball Camp does not provide medical insurance for this camp. The undersigned hereby releases College of Saint Mary and its staff from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from participation by the aforementioned child in the CSM Volleyball Camp.

Parent or Legal Guardian Signature

College of Saint Mary Volleyball Inland Beach Tournament

4x4 Grass Volleyball

Age Divisions: 12U, 14U, 16U, 18U



***Grab your
FRIENDS &
play volleyball!***



Saturday July 8, 2006

*at the College of Saint Mary (7000 Mercy Road, Omaha, NE)
(southeast of the Lied Fitness Center on the soccer fields)*

***Test your volleyball skills and
play 4x4 Grass volleyball!***

*Free Clinic to participants starting at 8am.
Rules and regulations captains meeting at 8:45am.
Start time will be 9am weather permitting.*

*\$15 per player, includes tshirt. Only 10 teams per
division will be accepted.*

Placques awarded to division winners!!

***Bring your sunscreen and
enjoy a day of volleyball with CSM!***

Send payment and entry by June 30 to:

*CSM Volleyball
7000 Mercy Road
Omaha, NE 68106*

Questions? 402-399-2607 or email tsiedlik@csm.edu