

# 4 v 4 League Registration / Club North & KC Premiere Volleyball

This 4 v 4 League is open to all players looking for an opportunity to keep up their skills while playing with their friends in a fun competitive environment.

Games Played on Saturday ... April 21 & 28, May 5 & 12, 2018

- Signup Deadline: Friday, April 20, 2018
- Individual Fee: \$35 per player per session
- We can place players on a team, or if you know the team you will be playing on, provide team name in the form below. \*Signup soon - first-come, first-serve

## **League Location is the NEW**

KC Premiere Facility  
5108 NW Waukomis Dr.  
Riverside, MO 64151

## **Online Registration is also available on our websites:**

- [www.kcpvolleyball.com](http://www.kcpvolleyball.com)
- [www.clubnorthvb.com](http://www.clubnorthvb.com)

Circle The Session During Which You Want To Participate

**Session 1, 10-12U**

12:15p - 2:15p

**Session 2, 13-14U**

12:15p - 2:15p

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**Make Check Payable to:** KC Premiere Volleyball

**Mail check and form to:** KC Premiere / 6609 NW Valleyview / Kansas City, MO 64152

*Or, Signup & Pay Online. It's Easy!*

## 4 v 4 League Registration

Player Name: \_\_\_\_\_

YES, place me on a team \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

I know my team already!

Parent / Guardian Information

Team Name: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other Ph: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### **Parental Release/Hold Harmless Agreement:**

I, \_\_\_\_\_ the parent/guardian of the child named in this registration form, hereby give my permission for her participation in any and all activities of the volleyball league and or training. I do hereby waive, release, absolve, indemnify and forever discharge Coaches; it's Directors, Staff, Club North Volleyball, KC Premiere Volleyball, and Faye & Don Alexander from all claims for damages, injuries, or loss to a person or property which may be sustained during participation in league activities or while at the training site whether or not damages, injury, or loss is due to negligence. I understand that participation in this league and or training program will require physical activities of a nature which could result in injury to participants. I further acknowledge that she is physically able to participate in all activities and hereby authorize her participation. I agree to allow my child to be treated by a certified athletic trainer or physician (if necessary), and to assume all costs related to such treatment.

By providing my name and date in the following spaces, I agree to the above Parental Release/Hold Harmless Agreement.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_