2019 Cherry County Fair CO-ED Mud Volleyball Registration Form August 11, 2019

Team Information		
TEAM NAME (Please Print):		
CAPT	ΓAIN (Please Print):	Phone:
•		sign and date this registration form.
Return form and fee to Candi Cronin, Valentine High School Volleyball, 90121		
	Elk Rd., Valentine, NE 69201	
•	For questions: please call or text Car	ndi at 402-822-0180 (text works best) or
	email at candicronin@gmail.com	
•	Registration Fee: \$100 per team - Ple	ease make checks payable to Valentine
	High School Volleyball	• •
•	Deadline : Wednesday, August 7, 2019	9
	Waiver of	I iability
Please read and sign the following. Any players under the age of 18 must have a parent sign.		
actions accept volunte Valent and ar might s	s can cause severe or fatal injury. I agree that I ing these risks, conditions, and hazards. I also eers are responsible for my safety while I particitine, Valentine Fair Board, Valentine Volleyball Forms involved with the volleyball tournament from	agree that I, and not Volleyball officials, staff, or pate in the tournament. I hereby release the City of Program and School, officials, sponsors, organizers, om any and all liability for any injury or damages I nereto, shall be valid for and apply to all portions of
1	Name (Please Print):	Date:
2.		
	Signature (Parent or Guardian if under 18):	
3.	,	Date:
	Signature (Parent or Guardian if under 18):	
4.	Name (Please Print):	Date:
_		 -
5.	Name (Please Print):	
^	Signature (Parent or Guardian if under 18):	
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