

# MAVS

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## VOLLEYBALL

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

**TEAM REP:** \_\_\_\_\_ **TEAM REP PHONE #** \_\_\_\_\_

**TEAM REP EMAIL:** \_\_\_\_\_

**ALL DIVISIONS PLAYED AT MAVS FACILITY: 16501 W. 116<sup>th</sup> St. Lenexa KS 66219**

**DIVISION:**

\_\_\_\_ Varsity(Tues) \_\_\_\_ JV(Mon) \_\_\_\_ IncomingFresh(Thurs) \_\_\_\_ Middle School(Wed) \_\_\_\_ 5<sup>th</sup>/6<sup>th</sup> (Thurs) \_\_\_\_ 3<sup>rd</sup>/4<sup>th</sup> (Thurs)

|    | PRINT NAME | PHONE | PARENT SIGNATURE | T-shirt Size |
|----|------------|-------|------------------|--------------|
| 1  |            |       |                  |              |
| 2  |            |       |                  |              |
| 3  |            |       |                  |              |
| 4  |            |       |                  |              |
| 5  |            |       |                  |              |
| 6  |            |       |                  |              |
| 7  |            |       |                  |              |
| 8  |            |       |                  |              |
| 9  |            |       |                  |              |
| 10 |            |       |                  |              |
| 11 |            |       |                  |              |
| 12 |            |       |                  |              |

**WAIVER AND RELEASE OF LIABILITY- MAVS**

NOTE: This form must be read and signed before the player listed above is allowed to take part in any training, tryout, League, competition or practice/warm-up sessions and meeting or testing sessions. I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury or property damage. With a full understanding of the potential risks, I hereby assume the risks of participating or officiating in a volleyball event. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my travel to and participation in any volleyball event, the following persons or entities: HOA, USAV, MAVS VOLLEYBALL CLUB, all of their directors, sponsors, officers, employees, representatives and agents of the club; b) I agree not to sue any persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. By signing this form, I agree that I will be playing in the South League for the current 2021 summer league. I also affirm that I have read this document, and I understand its contents. If under the age of eighteen (18) years of age, my parent/guardian has read and complies with the following section. (If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing waiver and release, the signature above adjacent to the player name is signed on behalf of the minor.) Your signature above (parent/guardian), executes the foregoing waiver and release for and on behalf of the minor listed above. I hereby release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the waiver and release. I fully consent to my child's participation in HOA, USAV, South League and MAVS events.

To reserve a spot, email Kathy Bates at [kbates@mavskc.com](mailto:kbates@mavskc.com) by May 1st. Send entry fee of \$500 (Early Bird Special) to SOUTH LEAGUE, 16501 W. 116<sup>th</sup> St. Lenexa, KS 66219 by May 15th, 2023. Payments made after May 16th, submit \$550. After May 23rd, \$575.