



2006 CIVF National Volleyball League Registration Form

Level: *Competitive* *Recreational*

Gender: *Male* *Female*

Team Name: _____

Club Name: _____

Contact Name: _____

Email Address: _____

Telephone No: _____ (w) _____ (m)

Players Details

	Name	Jersey #	Email Address	Telephone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Coach				

Disclaimer Read:

The Cayman Islands Volleyball Federation recommends that participants obtain medical clearance from their physicians before participating in this event. As evidenced by our signature below and our participation in this event, WE HEREBY AGREE that we have waived all rights of action or claims that we may have against the Federation, its Board, employees, representatives and agents resulting from our participation in this event, and WE HEREBY RELEASE the Federation, its Board, employees, representatives and agents from any and all liability howsoever caused (except for gross negligence on the part of the Federation) resulting from any damage, claim, or cost suffered or incurred by us, by undertaking this event, including without limitation any injuries, dehydration, fatigue or any other physical discomforts.

Signature of Team Captain/Manager: _____

Registration Deadline : 7th October 2006