



2003 SPIKEFEST TOURNAMENT REGISTRATION FORM

TEAM CATEGORY:

MALE
FEMALE

REGISTRATION DEADLINE:
10TH OCTOBER 2003

CLUB/TEAM NAME

CLUB/TEAM REP.

ADDRESS

HOME & WORK NUMBER

EMERGENCY CONTACT

COACH _____

NAME OF PLAYERS:

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

8 _____
9 _____
10 _____
11 _____
12 _____
13 _____
14 _____

1 REFEREES: _____ 2 _____

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:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Email: civf_volleyball@yahoo.com

Registration fee of US\$150.00 payable to The Cayman Islands Volleyball Federation or "CIVF".

[Affiliate of Federation Internationale de Volley Ball \(F.I.V.B.\)](#)

[Affiliate of Cayman Islands Olympic Committee \(C.I.O.C.\)](#)

[Affiliate of Confederation Norceca de Voleibol \(NORCECA\)](#)