

Tournament Director use only:
Paid ____/____

FGVA Tournament Registration Form

Enter the date, then circle the format, division, & level

Date: _____

Format:

Doubles

Quads

Division:

Men's

Women's

Reverse Coed

Level:

Youth

Recreational

Intermediate

Open

Player 1: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

↓(Quads Only) ↓

Player 3: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

Player 2: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

↓(Quads Only) ↓

Player 4: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Email: _____

By my signature below, I attest that I have read this statement & I waive all claims and release State Center Community College District & Fresno City College and any of their representatives, as well as Fresno Unified School District & Fresno High School or any of their representatives, and any sponsor or staff for this event from any and all injuries I may suffer as a result of my participation in this volleyball event. I further attest that I will be responsible to ensure that I am physically fit to participate in these competitions. I understand that any pictures taken at this event may be used on the FGVA website. I am to notify the tournament director if I do not want my image to be used on the website.

Please have parent/legal adult guardian sign if you are under the age of 18.

Print Name

Sign name

Date

Player 1 _____

Player 2 _____

Player 3 _____

Player 4 _____