



Grandview Volleyball Summer Slam Grass 3 v 3 Tournament Registration
Division (circle): 14U 16U 18U Adult Coed ALUMNI* Dino(40+)

Player 1: _____

Phone Number/Email _____

Guardian's Name _____

PhoneNumber _____

Email _____

Emergency Information: If we cannot contact parents, call:

Name _____ Phone _____ - _____ - _____

Relationship: _____

Player 2: _____

Phone Number/Email _____

Guardian's Name _____

PhoneNumber _____

Email _____

Emergency Information: If we cannot contact parents, call:

Name _____ Phone _____ - _____ - _____

Relationship: _____

Player 3: _____

Phone Number/Email _____

Parent/Guardian's Name _____

PhoneNumber _____

Email _____

Emergency Information: If we cannot contact parents, call:

Name _____ Phone _____ - _____ - _____

Relationship: _____

***ALUMNI must consist of at least 2 GV Alumni!**

Please mail form and \$75.00 check made out to Grandview Volleyball to Leah Camper, 17980 East Dorado Dr, Centennial, CO 80015.
If you have any questions, please contact Leah Camper 720 220 1551 cell



*Dedicated to
Excellence*

Cherry Creek Schools

3 V 3 Wavier and Agreement

As a participant in the June 10th 2018 Summer Slam Volleyball Tournament Fundraiser at Grandview High School, I agree to the following terms and conditions:

- . 1) All team members must adhere to the rules and regulations of the volleyball tournament
- . 2) All judgments by tournament officials are final
- . 3) All team members must dress accordingly in conjunction with Tournament policy

If any member of my team violates any of the terms or conditions of the tournament, I understand that the entire team will be disqualified.

AUTHORIZATION STATEMENT

This statement releases the Cherry Creek Schools of financial responsibility in case of accident/injury to my son/ daughter while he/she is participating in this event.

I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in this event. I further understand that it is my responsibility to provide health/accident insurance for my son/daughter.

AUTHORIZATION STATEMENT - I DO HEREBY AUTHORIZE OFFICIALS OF THE Cherry Creek School District to contact me directly the persons named on this form in an emergency for the health of said child. In the event that parents/guardians or other persons named on this card cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of aforesaid child. If there is a medical emergency and the school is unable to reach me, I understand that 911 Emergency will be called and my child will be transported by ambulance to the designated medical facility or the nearest medical facility and given medical treatment by a qualified physician at my expense.

Date _____ Signature of Parent/Guardian _____

Parent Address: _____ Phone#: _____

Participant First Name: _____ Last Name: _____ Grade: _____

DOB: _____ Male / Female