

JUANA'S 2010 VOLLEYBALL REGISTRATION

Season (circle one): Spring Summer Late Summer Fall Tournament

LEAGUE INFORMATION

Please circle the league you would like to be involved in under the day you would like to play

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
2 Man A	2 Person Co-ed	4 Person B-	4 Person B+
4 Women*	4 Person C	4 Person B+	4 Person BB
Women's Doubles*	4 Person B-	4 Man A	

*Scheduling will be done so individuals can play on both leagues We can't make it before 6:20 _____

If league needs to be split, what skill level would you like to be in (circle one): HIGH LOW

TEAM INFORMATION

TEAM NAME: _____ Complete ALL information below

By signing below, I hereby release and discharge Juana's Inc., (hereafter called "Juana's") its partners, officers, employees and agents from any liability for personal injuries or property damage incurred or resultant in any manner from my voluntary participation in athletic competition on Navarre Beach, Florida in the 2010 season. I further acknowledge that I have read this release and understand its content. COSTS: \$5/player (includes 6.5% FL sales tax)

1 Captain _____ Signature _____
 New Email _____ Street _____
 Phone _____ City _____
 Circle Skill Level (circle one): Open A BB B+ B- C STATE _____ ZIP _____

2 Co-Capt _____ Signature _____
 New Email _____ Street _____
 Phone _____ City _____
 Circle Skill Level (circle one): Open A BB B+ B- C STATE _____ ZIP _____

3 Print _____ Signature _____
 New Email _____ Street _____
 Circle Skill Level (circle one): Open A BB B+ B- C City _____
 STATE _____ ZIP _____

4 Print _____ Signature _____
 New Email _____ Street _____
 Circle Skill Level (circle one): Open A BB B+ B- C City _____
 STATE _____ ZIP _____

5 Print _____ Signature _____
 New Email _____ Street _____
 Circle Skill Level (circle one): Open A BB B+ B- C City _____
 STATE _____ ZIP _____

6 Print _____ Signature _____
 New Email _____ Street _____
 Circle Skill Level (circle one): Open A BB B+ B- C City _____
 STATE _____ ZIP _____

(Add additional players on back.)
 or official Juana use only:

Paid _____ Emp _____ Date _____

ALL FEES MUST BE PAID IN FULL WHEN FORM TURNED IN
 Indicate additional payments below.