

‘Spike’ for a Cure Volleyball Tournament Team Registration July 15 & 16, 2011

Team Name: _____ MALE FEMALE

Team Rep: _____

* **EMAIL:** _____ *Required (All information regarding changes are sent via email)

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Cell Phone: _____

Special Requests: _____

U12 Girls 4's	U14 Girls 4's	U16 Girls 4's	U18 Girls 4's
_____ Open	_____ Open	_____ Open	_____ Open
_____ B	_____ B	_____ B	_____ B

Make checks payable to: Indoor Sports Enterprises
Mail form to:
5702 Engle Road
Fort Wayne, IN 46804
Fax: 260-432-9998

Office Use Only	
Amount: \$ _____	Intls: _____
Check # _____	Date: ____/____/____
Cash _____	Credit Card _____
Inform about team cards _____	

Credit Card Payment (Check one):
 _____ MC _____ VISA _____ DIS
 Card #: _____ - _____ - _____ Exp Date: ____/____/____
 Amount: \$ _____ Name on Card: _____
 Signature: _____

WAIVER/EXCLUSION CLAUSE: I, the undersigned parent/guardian/participant/representative, in enrolling at The Plex understand that he/she/I in attending any Plex program and using the facilities does so at his/her/my own risk. The Plex and its owners, employees and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages The Plex, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, he/she/I agree(s) to follow the rules set by The Plex. He/She/I understand(s) that failure to do so may result in suspension from participation. CONSENT: I, the undersigned parent of/guardian of participant do hereby grant authority to the staff of The Plex to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I hereby authorize The Plex and its assigns to utilize any and all photographs, pictures, video or other likeness of him/her/me as they deem appropriate in its promotional materials.

Player's Signature (over 18 years) _____ **Date** _____

Parent's Signature (under 18 years) _____ **Date** _____

FORT WAYNE, INDIANA
July 15th & 16th, 2011