

# Kerala Volleyball League of North America (KVLNA)

36<sup>th</sup> Jimmy George Memorial Super Trophy Volleyball Tournament

May 23<sup>rd</sup> & 24<sup>th</sup>, 2026, Dallas, Texas, U.S.A.

## Team Participants Registration Form

(Please read and sign individually)

Upon entering events sponsored by the Kerala Volleyball League of North America (KVLNA) and/or its affiliates, I/we, the undersigned, understand and appreciate participation in or observation of the sports constitutes risk to me and may cause serious injury including permanent paralysis or death. I/We voluntarily and knowingly recognize, accept and assume this risk and release the Kerala Volleyball League of North America (KVLNA), Dallas Strikers Volleyball Club, Mac Sports, 200 Continental Dr, Lewisville TX-75067 and its affiliates, sponsors, event organizers, officials and fellow athletes from any liabilities or damages which may be sustained by me/us in connection with or entry in the event or which may arise out of traveling to participating in and returning from such event. I/We also understand that it is the responsibility of each participant to carry his or her own insurance.

**TEAM NAME:** \_\_\_\_\_

Name (Please Print):

Address:

Signature:

Team Manager: \_\_\_\_\_

Team Coach: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_

Players:

1. Captain: \_\_\_\_\_

2. Vice-Captain: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

Please email this completed form with signatures **no later than April 30<sup>th</sup>, 2026**, to the following email address:

Jyothis Jacob: [jyothisj@yahoo.com](mailto:jyothisj@yahoo.com)

or

Shibu Philip: [shibu.philip0983@gmail.com](mailto:shibu.philip0983@gmail.com)

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## Team/Individual Player Participants Registration Form

(40 & over – Must be a Former KVLNA Player and 18 & Under – Must be a Malayalee)

(Please read and sign individually)

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**TEAM NAME:** \_\_\_\_\_

(Please Print)

### 40 & OVER

|    | <u>Name:</u> | <u>Address:</u> | <u>Signature:</u> |
|----|--------------|-----------------|-------------------|
| 1. | _____        | _____           | _____             |
| 2. | _____        | _____           | _____             |
| 3. | _____        | _____           | _____             |
| 4. | _____        | _____           | _____             |
| 5. | _____        | _____           | _____             |
| 6. | _____        | _____           | _____             |
| 7. | _____        | _____           | _____             |
| 8. | _____        | _____           | _____             |

**TEAM NAME:** \_\_\_\_\_

(Please Print)

### 18 & UNDER

|    | <u>Name:</u> | <u>Address:</u> | <u>Signature:</u> |
|----|--------------|-----------------|-------------------|
| 1. | _____        | _____           | _____             |
| 2. | _____        | _____           | _____             |
| 3. | _____        | _____           | _____             |
| 4. | _____        | _____           | _____             |
| 5. | _____        | _____           | _____             |
| 6. | _____        | _____           | _____             |
| 7. | _____        | _____           | _____             |
| 8. | _____        | _____           | _____             |

Please email this completed form with signatures **no later than April 30<sup>th</sup>, 2026**, to the following email address:

Jyothis Jacob: [jyothisj@yahoo.com](mailto:jyothisj@yahoo.com)

or

Shibu Philip: [shibu.philip0983@gmail.com](mailto:shibu.philip0983@gmail.com)