Kerala Volleyball League of North America (KVLNA)

34th Jimmy George Memorial Super Trophy Volleyball Tournament May 25th & 26th, 2024, Queens, New York, U.S.A.

<u>Team Participants Registration Form</u> (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), New York Kerala Spikers Volleyball Club, Queens College, 65-30 Kissena Blvd, Queens, NY-11367 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 insurances.

Name (Please Print): Address: Signature: Team Manager:	TEAM NAME:			
Team Coach:		Name (Please Print):	Address:	Signature:
Assistant Coach:	Team Manager:			
Players: 1. Captain:	Team Coach:			
1. Captain:	Assistant Coach:			
2. Vice-Captain:	Players:			
3.	1. Captain:			
3.	2. Vice-Captain:			
5.				
6.	4.			
7.	5.			
7.	6.			
8.				
9.				
10.				
11.				
12	11.			

Please email this completed form with signatures <u>no later than April 30th, 2024</u>, to the following email address:

Jyothis Jacob: jyothisj@yahoo.com

Kerala Volleyball League of North America (KVLNA)

34th Jimmy George Memorial Super Trophy Volleyball Tournament May 25th & 26th, 2024, Queens, New York, U.S.A.

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	
Name:		Address:	Signature:
			-
EAM NAME:			
	(Please Print)		
		18 & UNDER	
Name:		Address:	Signature:

Please email this completed form with signatures <u>no later than April 30th, 2024</u>, to the following email address:

Jyothis Jacob: jyothisj@yahoo.com

or Shibu Philip: <u>shibu.philip0983@gmail.com</u>