



Summer Volleyball Tournament

When: Friday, July 9th

Where: Ohio Nets Sports Complex
12665 Corporate Drive, Parma, 44130

Who: Varsity Division (16 teams)
JV Division (8 teams)

Format: Pool Play followed by Single Elimination
Tournament. We will use rally scoring with best 2/3
format with the 3rd game to 15 points.

Cost: \$170 per team (Checks payable to CVC)

Deadline: May 25, 2009

Registration: Send registration form and check to:
CVC – Summer Tournament
12665 Corporate Drive
Parma, Ohio 44130
Signed waiver from every player must be submitted
at the coach's meeting on the day of the
tournament.

Questions: Call 216-676-4522 or email cvc@integrity.com

School : _____

Coach's Name: _____

Coach's Email Address: _____ **Phone:** _____

July 9th: _____ **#Varsity Teams** _____ **#JV Teams**

A completed waiver signed by a parent/guardian must be submitted prior to playing in the tournament

Summer Tournament -Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Ohio Nets Sports Complex (ONSC), understand that he/she, in attending any program and using the facilities, does so at his/her own risk. Cleveland Volleyball Company (CVC), ONSC, 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 family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harm-less CVC, ONSC, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any pro-grams or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by CVC and ONSC. He/she understand(s) that failure to do so may result in suspension from participation.

_____ (Participant's Signature) _____ (Date)

_____ (Participant's Signature) _____ (Date)

I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the volleyball/basketball program, including but not limited to, promotion of future events or other promotional use.

Consents:

I, the undersigned parent/guardian of:

-----do hereby grant authority to the staff of Ohio Nets Sports Complex to
(Participant name-printed)
Render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

_____ (Signature of Parent or Guardian) _____ (Date)

Team Name _____ (circle one) Varsity or JV