

Minot State University/North Dakota State Fair

4 v. 4 GRASS VOLLEYBALL TOURNAMENT

**JULY
25 – 29,
2017**



**AT THE
ND STATE FAIR**



JULY 25 Co-ed Middle School • 10 a.m.

JULY 26 Girls' High School • 10 a.m.

Registration fee: \$60/team

JULY 27 Adult Men's • 1 p.m.

JULY 28 Adult Women's • 9 a.m.

JULY 29 Adult Co-ed • 9 a.m.

Registration fee: \$100/team



DIVISIONS: Power and Competitive • 4–6 people per team

T-shirts for each player and prizes awarded to winners.

Admission into the NDSF is not included with the registration fee.

ENTRY DEADLINE: Mailed registrations must be received by July 17.

Online registrations will be accepted until July 21. *No refunds after July 21.*

For more information, contact Jessica Thompson at 701-858-4172
or MSU Athletics at 701-858-3041.

Register now at MSUBeaverscamps.com



4 v. 4 Grass Volleyball Tournament • July 25 – 29, 2017

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Register online at MSUBeaverscamps.com OR mail this form, roster and \$60/\$100 (USD) entry fee (checks payable to Minot State University) to Minot State University, Athletics Department, 500 University Ave. W, Minot, ND 58707. Additional entry forms, tournament rules and hotel lodging can be found at MSUBeaverscamps.com.

Team Name: _____
(names will be changed if not family friendly)

Contact Person: _____

Phone: _____

Email: _____

Division *(check one)*:

- Co-ed Middle School Men's
- Girls' High School Women's
- Co-ed Adult

PLEASE HAVE ROSTER TYPED OR PRINT LEGIBLY *(use additional sheet if needed)* Parent/legal guardian signature required for players under age 18.

Name: _____ Grade: _____ T-shirt Size: _____
 Address: _____ YM YL
 AS AM AL
 City: _____ State: _____ Zip: _____ Phone: _____ AXL AXXL

Player or Parent/Guardian Signature: _____
(Signature acknowledges acceptance of waiver listed below.)

Name: _____ Grade: _____ T-shirt Size: _____
 Address: _____ YM YL
 AS AM AL
 City: _____ State: _____ Zip: _____ Phone: _____ AXL AXXL

Player or Parent/Guardian Signature: _____
(Signature acknowledges acceptance of waiver listed below.)

Name: _____ Grade: _____ T-shirt Size: _____
 Address: _____ YM YL
 AS AM AL
 City: _____ State: _____ Zip: _____ Phone: _____ AXL AXXL

Player or Parent/Guardian Signature: _____
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WAIVER: I hereby release the 4 v. 4 Volleyball Tournament and all sponsors and individuals involved in the tournament from any and all claims and damages suffered by me as a result of participation in this tournament. I authorize the officials of the 4 v. 4 Volleyball Tournament to use their discretion to have me transported to a medical facility for rendering of medical care. I take full responsibility for this action. I hereby certify that I am physically fit and have received medical clearance to participate in the 4 v. 4 Volleyball Tournament and hereby waive and forever discharge sponsors, organizers and anyone affiliated by sponsorship of the 4 v. 4 Volleyball Tournament, as well as their agents and employees of any and all claims arising as a result of my participation.