



2011 High School Summer Volleyball League

*Five Nights with 3 matches/night

July 7, 12, 14, 19, & 21

At Barton CC Kirkman Center

\$40/player; free t-shirt to all participants

Registration Form (Deadline is **July 17th**)

Name: _____ Grade in Fall of '11: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

E-mail: _____

School: _____ Birthdate: _____ Age: _____

Adult T-shirt size: (circle) S M L XL

Please make checks payable to: Andrea Rasmussen

Send to: Barton Volleyball League, 245 NE 30th Rd, Great Bend, KS 67530

I CERTIFY that I am physically fit to compete in the summer volleyball league offered by Barton Community College. Furthermore, I will not hold Barton County Community College or any other person or organization associated with the summer league liable for injuries, illnesses, or damages which may result during my participation in or preparation for this event. Should an emergency occur, I give medical personnel permission to treat me.

Participant's Signature: _____ Parent/Guardian Signature: _____