



**SOKOL KHB ENNIS
CO-ED VOLLEYBALL TOURNAMENT
Saturday, November 13, 2021
12:00 pm until ?**

12 Team Cap
Cash Prizes for winning Pool A & B teams
Co-Ed Teams 1 Female for up to 4 players or 2 Females for 5+ players on Court
Register by **11/1/21** NO LATE REGISTRATIONS WILL BE ACCEPTED
All games will be played at the Sokol Activity Center - 2622 E Hwy 34, Ennis TX

TEAM REGISTRATION FORM

Team Name: _____
Team Captain: _____
Email Address: _____
Phone/Text: _____

REGISTRATION FEE/PAYMENT

\$200.00 per Team
Payment Accepted: Cash, Check, ApplePay or Venmo
Bring completed forms with payment to Sokol Mondays and Wednesdays 7pm to 9pm
or
Email: brandonlpc@yahoo.com Subject Line: Volleyball Tournament!
Questions Contact Brandon Smith 214-232-0893 or Brian Zhanel 214-564-9161
This form can be found at www.sokolennis.com/gymnastics-%26-fitness

SOKOL KHB ENNIS CO-ED VOLLEYBALL TOURNAMENT

Official Team Roster, Player Waiver, Release of Liability and Indemnification Agreement

TEAM NAME/CAPTAIN: _____ PHONE: _____

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and on my own free will, I elect to participate as a member of the team indicated above.
2. I understand that there are certain risks and hazards involved in participating in this activity that may result in injury or death to me or the other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the facilities arranged by Sokol KHB Ennis, I voluntarily elect to accept and assume all risks of injury incurred or suffered by me while participating in this league AND I will not hold anyone involved with the league/sponsor liable for any accident or injury I sustain.

NAME (Print)	PHONE #	SHIRT SIZE	PLAYER SIGNATURE	BIRTHDATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				