



MEGA VOLLEYBALL

	<u>Spring Session</u>	<u>Summer Session</u>
Registrations and fees due:	Feb. 19th (ADD \$15 IF AFTER)	April 15th (ADD \$15 IF AFTER)
League begins:	March 28th	May 16th

Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609
 Refund Fee of \$20 will be charged. \$30 fee on all returned checks.

No refunds after the league begins.

Contact SportZone: 267-4658 www.isportzone.com

This is your application for the 2016 Spring/Summer MEGA Volleyball League! Games will be played on **Monday evenings** between 5:45pm and 9pm. If necessary, Wednesday evenings may be used as a secondary day for games. The purpose of this league is to provide a developmental game for Junior Volleyball.

This league is open to girls and boys grades 3rd-8th. Divisions will be combined if necessary. Season will run for 4-5 weeks consisting of 8 matches. Players will be placed on rosters only when his/her registration and fee has been received by the office. Please send team and preferred teammate applications in together to ensure placement together. There will be a **\$1 admission fee** per person over the age of 16. As usual volunteer coaches are necessary for the league to be a success.

Online registration is now available! Team fee is \$475 without shirts and \$520 with shirts. Entire team fee will be due at the time of registration. When registering a team, coaches will be responsible for turning in shirt sizes. Practice space is an additional cost.

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Email Address _____ M/F ___ Age ___ Date of Birth ___/___/___ Grade ___
 Parents' Names _____ School _____
 Preferred Teammate _____ Preferred Coach _____
 Parents interested in Coaching- Yes ___ No ___ Will Assist ___ ****Copy of Birth Certificate Required on File**

LEAGUE (please check one)

_____ MEGA Volleyball Spring Session	\$65	Shirt size: (please circle preference)
_____ MEGA Volleyball Summer Session	\$65	YS YM YL YXL AS AM AL AXL

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with NKFL/SportZone programs. I release the NKFL/SportZone from any and all liability whatsoever resulting from participation in NKFL/SportZone activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone and NKFL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20 administrative fee assessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end of the activities at which time, if not claimed, will be disposed of. I understand returned checks will be assessed a \$30 processing fee. I understand that photographs of all SportZone, NKFL, MEGA activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission. I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ **Date** _____