

LCC – LAVA Spring League Registration Form

PLEASE PRINT CLEARLY – ONE PARTICIPANT PER FORM- Read attached information carefully before enrolling. \$25.00 registration fee will be charged on all refund requests, unless noted. By signing this form, you attest that you have read and understand the program requirements, schedules, costs and refund policies for the program for which you are registering.
All events are at the Lansing Community College Gym unless noted.

Lansing Area Volleyball Association Tryout Info

- Tryout Fee: \$10 for 2009/2010 LAVA participants \$15 for new players
- \$20.00 fee assessed to all players who do not pre-register by Wednesday, March 17, 2010 5pm
- Cost: \$435 due at tryouts. 12 year olds \$175 (practice once a week & play in 3 tournaments)

Please indicate tryout time your daughter will attend:

Sunday, March 21 (14 and under) 9am -12pm

Sunday, March 21 (15 and 16's) 1pm - 4pm

Sunday, March 21 (17 and 18's) 4pm - 6pm


MAKE ALL CHECKS PAYABLE TO Lansing Community College

NAME: _____ F____M____ GRAD YEAR _____
LAST FIRST MIDDLE SEX

HOME ADDRESS: _____
STREET CITY ZIP


CELL PHONE (_____) _____ EMAIL _____


BIRTHDATE ____/____/____ SCHOOL _____


 I hereby authorize the staff of Lansing Community College, Lansing Area Volleyball Association and its event staff to act on my behalf according to their best judgment in any emergency requiring medical attention and I waive and release the event, its staff, and the College from any and all liability for any injuries or illnesses incurred while at the event. I have no knowledge of any physical impairment that would affect the above named participant's participation in the event.

 PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PRINT NAME _____ Cell(_____) _____

 **To register by mail** - Send check payable to: Lansing Community College
Send to: LAVA Volleyball Events, PFW - 5600, P.O. Box 40010, Lansing MI 48901

 **To register by phone** - call 517-483-1227 use VISA or MASTERCARD

 **To register by fax** - fax # 517-483-9839 use VISA or MASTERCARD

Charge \$ ____ . ____ to VISA MC # _____ exp. date _____

 Signature _____ date _____ PRINT NAME ON CARD _____