

# LCC – LAVA 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.\*\*\*

## Summer Development

July 11,18, 25 Aug 1, 8 Cost \$90 **Sundays 9am-12pm** \$ \_\_\_\_\_

Drop in session Cost \$20.00 \$ \_\_\_\_\_

If you know what dates you will be attending please list below or feel free to drop in on the days you would like to participate.


Shirt Size **XS S M L XL** ( please circle one) Shirts are free when you sign up for all 5 sessions. Shirts will be available for purchase for players participating in the drop-in sessions. They will be sold on a first come first serve basis. \$10.00 per shirt.

NAME: \_\_\_\_\_ F\_\_\_\_M\_\_\_\_ HS GRAD YEAR \_\_\_\_\_  
LAST FIRST MIDDLE SEX

HOME ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE  
ZIP


PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
PARENT CELL PHONE OR PAGER

 **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 \_\_\_\_\_