



# 4v4 Volleyball Tournament

North Suburban YMCA



## Details:

Four Player Team Maximum  
(Guaranteed 4 Game Minimum)

## Pool Play

Top 3 advance to playoffs.  
No consolation game.

## Prizes awarded to

1<sup>st</sup>, 2<sup>nd</sup>, place teams.

## High School Co-Rec

### When:

Sunday, March 4, 2018

### Time:

11:00am - to finish

### Cost:

\$20 YM (Includes T-shirt)

\$25 NM (Includes T-shirt)

### REGISTRATION DEADLINE:

March 2 at 6pm\*

\*PAYMENT IN FULL REQUIRED

10 Teams Max.

First Come-First Served.

Food will be available for sale.

North Suburban YMCA  
2705 Techny Rd.  
Northbrook, IL 60062  
847-272-7250  
nsymca.org



# 4v4 Volleyball Tournament Registration Form

**Registration Deadline:** Monday, March 2, 2018 at 6pm

TEAM NAME:		TEAM CAPTAIN:	
<b>PARTICIPANT #1</b>			
<input type="checkbox"/>	NSYMCA MEMBER	<input type="checkbox"/>	NON- MEMBER
NAME:			
PHONE #:		GRADE:	
EMAIL:		T-SHIRT SIZE:	
<b>PARTICIPANT #2</b>			
<input type="checkbox"/>	NSYMCA MEMBER	<input type="checkbox"/>	NON- MEMBER
NAME:			
PHONE #:		GRADE:	
EMAIL:		T-SHIRT SIZE:	
<b>PARTICIPANT #3</b>			
<input type="checkbox"/>	NSYMCA MEMBER	<input type="checkbox"/>	NON- MEMBER
NAME:			
PHONE #:		GRADE:	
EMAIL:		T-SHIRT SIZE:	
<b>PARTICIPANT #4</b>			
<input type="checkbox"/>	NSYMCA MEMBER	<input type="checkbox"/>	NON- MEMBER
NAME:			
PHONE #:		GRADE:	
EMAIL:		T-SHIRT SIZE:	

<input type="checkbox"/>	NSYMCA MEMBER	<input type="checkbox"/>	NON- MEMBER
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### Important Information:

Game Schedules and rule sheets will be emailed to the team captain by 4/2. It is that persons responsibility to relay the information to their team.

Check-in will be at 10:45am. You will receive the rule sheet, and t-shirts for all team participants.

### Parental Assumption Of Risk And Release/Waiver:

I agree to abide by the facility, program and membership policies of the NSYMCA at all times while on the premises. I give permission for the above named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for the loss of personal property or personal injury sustained by the participant and I hereby agree to indemnify and hold harmless NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above named participant (s), I hereby give permission to the program leader to seek medial treatment for the above named participant. NSYMCA reserves the right to

PARTICIPANT 1 SIGNATURE:
PARTICIPANT 1 SIGNATURE:
PARTICIPANT 1 SIGNATURE:
PARTICIPANT 1 SIGNATURE:

### Payment Information:

CREDIT CARD #:
EXPIRATION DATE:
NAME ON CARD:
TRANSACTION SIGNATURE:

### To Register:

Drop Off: NORTH SUBURBAN YMCA  
Email: Alex Brodell at [abrodell@nsymca.org](mailto:abrodell@nsymca.org)  
Fax: 847-272-7801