## Kippy's 2024 Summer Volleyball League



All participants must fill out the below information to be eligible. They understand that Kippy's Place does not carry insurance to cover participants in the league. They further release Kippy's Place of any liability or responsibility due to injuries or losses while participating in league, tournament, and/or open play. Thank you!

**Team Name:** 

Captain Name:	Name	e:
Address:		ess:
City: Zi	: City:	Zip:
Cell Ph:	Cell I	Ph:
E-mail:	E-ma	il:
Signature:	Signa	iture:
Name:	■ Name	e:
Address:	Addr	ress:
City: Zi	: City:	Zip:
Cell Ph:	Cell I	Ph;
E-mail:	E-ma	il:
Signature:	Signa	ature;
Name:	Nam	ne:
Address:	Add	ress:
City: Z	City:	Zip:
Cell Ph:	Cell	Ph:
E-mail:	E-ma	ail:
Signature:	Sign	ature:
Name:	Name	e:
Address:	Addr	ress:
		Zip:
Cell Ph:		Ph:
E-mail:	E-ma	úl:
Signature:		ature:

Please return this form to Kippy's Place, 364 MW Main St, Elkhart 50073

Kippy's Signature\_

Wednesday

Monday

Please circle the league you're wanting to participate in:

Kippy's Personnel

Date Paid