



CHOCTAW, MISSISSIPPI

**3rd ANNUAL VOLLEYBALL
TOURNAMENT
JULY 5-6, 2024
CHOCTAW CENTRAL
HIGH SCHOOL
"REZ DOME"**

150 Recreation Rd. Choctaw, MS 39350



"NET STORMZ ON THE REZ"

REGISTRATION FORM

MUST BE 18 YEARS OF AGE AND OVER

12 TEAM LIMIT PER DIVISION (10 PLAYER ROSTER LIMIT)

Please check one: WOMENS DIVISION 6 PLAYER / FRIDAY 7/5/2024
 CO-ED DIVISION 3 MEN + 3 WOMEN / SATURDAY 7/6/2024

TEAM NAME: _____

POC NAME: _____

PHONE #: _____

EMAIL: _____

1ST PLACE \$ 600.00 CASH

2ND PLACE \$ 400.00 CASH

3RD PLACE \$ 200.00 CASH

ENTRY FEE \$ 100 NON-REFUNDABLE

DEBIT/CREDIT CARDS, CASH, CHECK, OR MONEY ORDER ACCEPTED

MAKE CHECK PAYABLE TO CHOCTAW INDIAN FAIR VLB / STATE IN MEMO: VOLLEYBALL

***** A CASH RECEIPT ISSUED BY MBCI FINANCE DEPARTMENT MUST ACCOMPANY THIS REGISTRATION FORM TO VALIDATE *****

- DEADLINE TO PRE-REGISTER AND PAY ENTRY FEE IS 3:30 PM ON FRIDAY, JUNE 28, 2024
- MUST COMPLETE WAIVER AND ROSTER BEFORE PARTICIPATING
- TEAMS TO CHECK-IN AT REGISTRATION TABLE LOCATED INSIDE CHOCTAW CENTRAL GYMNASIUM PROMPTLY AT 8:00 AM ON THE DAY YOUR SCHEDULED TO PARTICIPATE
- DISCUSS VOLLEYBALL RULES WITH ALL PLAYERS BEGINS AT 8:30 AM
- PLEASE DISPLAY PROPER SPORTSMANSHIP AND BE RESPECTFUL

PLEASE VISIT www.choctawindianfair.com FOR REGISTRATION FORMS AND FLYER

FOR ADDITIONAL INFORMATION CONTACT:

SHAUN GRANT @ (601) 650-1593
GWYNN GRANT @ (601) 663-7777
GERREN ISAAC @ (601) 663-7624
TORI JOHNSON @ (601) 650.1501



CHOCTAW, MISSISSIPPI

**3rd ANNUAL VOLLEYBALL
TOURNAMENT
JULY 5-6, 2024
CHOCTAW CENTRAL
HIGH SCHOOL
"REZ DOME"**

150 Recreation Rd. Choctaw, MS 39350



"NET STORMZ ON THE REZ"

WAIVER AND RELEASE OF CLAIMS

I understand my consent to these provisions is given in consideration for being permitted to participate in this Event. I further understand I may be removed from this competition if I do not follow all rules of this Event. I am a voluntary participant in this Event and am in good physical condition. I KNOW THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I, for myself, my next of kin, my minor children who attend the event, my heirs, administrators, and executors, hereby release and hold harmless and covenant not to file suit against the MISSISSIPPI BAND OF CHOCTAW INDIANS, its agents and employees, their affiliates and any affiliated individuals, any event sponsors and their agents and employees, and all other persons or entities associated with this Event (collectively, "Releasees") for any injury or damages I might suffer in connection with my participation in this Event or while on the premises of this Event. This release applies to any and all loss, liability or claims I may have arising out of my participation in this Event, including but not limited to, personal injury or damage suffered by me or others, whether such losses, liabilities or claims be caused by falls, contact with and/or actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the premises of the event, negligence of the Releasees, risks not known to me or not reasonably foreseeable at this time or otherwise.

Publicity Release: I give my consent and permission to THE MISSISSIPPI BAND OF CHOCTAW INDIANS, its affiliates, sponsors, successors, licensees and assigns, the irrevocable right to use, for any purpose whatsoever and without compensation, photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this Event and the results of my participation in this Event (race time, name, participant number), if applicable to the type of Event where results are recorded.

- 1) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 2) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 3) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 4) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 5) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 6) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 7) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 8) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 9) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____
- 10) I acknowledge the above waiver and release of claims: Participant Signature: _____ Date: _____

Pursuant to Title XXXII (32) of the Choctaw Tribal Code, sex offenders are prohibited from being in any school building or on real property comprising any school.



"NET STORMZ ON THE REZ"
3rd ANNUAL VOLLEYBALL TOURNAMENT
CHOCTAW CENTRAL HIGH SCHOOL "REZ DOME"
JULY 5-6, 2024
150 Recreation Rd. Choctaw, MS

ROSTER: (NO ADDING PLAYERS ONCE TOURNAMENT BEGINS)

1) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

2) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

3) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

4) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

5) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

6) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

7) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

8) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

9) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____

10) NAME: _____ DOB: _____
ADDRESS: _____ CITY/STATE: _____ ZIP: _____



CHOCTAW, MISSISSIPPI