
NORTHERN KENTUCKY JUNIOR VOLLEYBALL TRAINING PROGRAM

NKJV

COMPLETE REGISTRATION FORM WITH SIGNED WAIVER. AND DEPOSIT.
PLEASE MAKE CHECKS PAYABLE TO NKJV.
TO RESERVE A SPOT, MAIL TO THE ADDRESS BELOW:
NKJV P.O. BOX 175852, COVINGTON, KY 41017

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

AGE _____ DOB _____ Please specify shirt size below

TSHIRT SIZE: YS YM YL YXL AS AM AL AXL _____

GRADE _____ SCHOOL: _____

Developmental Program K-3 _____

Cost \$75 _____

TNT – Training(No Travel) Team Program 4-6 Grade _____

Cost \$300 _____

TNT – Training(No Travel) Team Program 7-8 Grade _____

Cost \$300 _____

Parent/Guardian

Phone Number

In case of emergency please call _____

Please note any serious medical conditions

I the undersigned give my permission for _____ to participate in the NKJV TRAINING PROGRAM. I understand that NKJV, Pleasure Isle, nor the staff can be held liable for any injury that could occur during this NKJV sponsored event. I understand that financial obligations incurred for medical services received by my athlete while participating in the NKJV TRAINING PROGRAM cannot be borne by NKJV, Pleasure Isle or the staff.

Signature _____ Date _____

Insurance _____ Policy # _____