

Volleyball Spring League 2017

IMPORTANT DATES AND FEE INFO

Activity	Division	Dates	Register	Fee	Weeks
35990	Coed A - Chase	Mon 4/10 6:15 p.m.	4/3	\$299	9 weeks
35991	Coed B Sac/ Glover	Mon 4/10 6:15 p.m.	4/3	\$299	9 weeks
35992	Coed B - Salk	Thur 3/16 6:15 p.m.	3/9	\$349	10 weeks
35993	Coed C - Sac	Thur 3/23 6:15 p.m.	3/16	\$349	10 weeks
35994	Coed 4on4 - Shaw	Tues 3/14 6:15 p.m.	3/7	\$249	12 weeks
35995	W's 4on4 - Garry	Wed 3/15 6:15 p.m.	3/8	\$249	12 weeks
35997	Coed C - Salk	Fri 3/17 6:15 p.m.	3/10	\$349	12 weeks

IMPORTANT INFORMATION

THE LEAGUE: Ages 16 + The Coed A League is the Elite players place for high intensity competition. The Coed B League is for players looking for competition in a more relaxed environment. The Coed C League is our entry level recreational league. We also offer Coed 4on4 and Women's 4on4. It is our goal that all teams play back-to-back double headers on game nights. We calculate the registration fee based on a minimum 14 regular season games + a single elimination tournament. However, we may vary from that format at times. We will always strive for more games played, rather than less (three games per night or a double elimination tournament). Please don't hesitate to ask if you have questions.

REGISTRATION CHECKLIST:

Register as a team. Download registration packet at the sports website or at teamsideline.com/spokane - Fill out and submit classification form with the registration fee according to your division- Fee may be paid online, by mail, over the phone, or walk in to City Hall - Enroll team at teamsideline.com/spokane - Submit team roster/waiver of liability signed by all players - Sign and submit Player Code of Conduct (Signed by team manager only) .

TEAM MANAGEMENT

- Team managers must **enter the team rosters online** before playing 1st game.
- Rosters must be updated as needed throughout the season up to 2 weeks prior to the start of the end of season tournament when the rosters are closed for the remainder of the season.
- All information and documents needed, including league rules, waiver, PCC, are available for viewing or downloading at parks website at www.spokaneparks.org/sports or at the league management website at www.teamsideline.com/spokane "Downloads" tab.
- Looking for Free Agent Players? Place an ad on our Facebook Page or ask us for a free agent list: aeva@spokanecity.org

ADDITIONAL INFO:

- Teams are not guaranteed in the division they register for.
- Registration fees are not refundable once the league schedule is posted online.
- Playoff champions will receive a Champions T-shirt.

Free Agents looking for a team, please fill out a form at www.spokaneparks.org/sports.

QUESTIONS?

Call Adriano Eva 509-625-6625 or email aeva@spokanecity.org



c/o Adriano Eva – Athletic Programs
808 W Spokane Falls Blvd. 5th Floor
Spokane, WA 99201-3317
509-625-6625

SPRD VOLLEYBALL LEAGUE - CLASSIFICATION SHEET

TEAM NAME _____

TEAM CAPTAIN _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

TEAM SPONSOR? No ☐ Yes ☐ – IF Yes, complete info below (if more than one, please provide)

Sponsor Name and Contact Person _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

WHAT VOLLEYBALL LEAGUE ARE YOU REGISTERING FOR?

- ☐ Coed A - Chase (Mon) (35990) ☐ Coed B - Sac/Glover (Mon) (35991) ☐ Coed B - Salk (Thu) (35992)
☐ Coed C - Sac (Thu) (35993) ☐ Women's 4on4 - Garry (Wed) (35995) ☐ Coed C - Salk (Fri) (35997)

IMPORTANT: Teams are not guaranteed in the division they request. League coordinator may contact captain or coach prior to making necessary changes effective. **Starting times are tentative, teams are not guaranteed a 6:15 p.m. start for a double header.**

Office Use Only	Received date:	Received by:
Sponsor Payment	\$ _____	Circle: Cash Credit Check # _____
Team Payment	\$ _____	Circle: Cash Credit Check # _____
TOTAL	\$ _____	



Volleyball Spring Leagues 2017

INDEMNITY AGREEMENT

I have requested that I be allowed to participate in an activity/class/event through the City of Spokane Parks & Recreation Department. I acknowledge that the activity/class/event in which I am participating may be physically and mentally challenging and/or dangerous. As such, I expressly acknowledge and understand that my participation is voluntary and may involve the risk of injury, property damage, or even death. I agree that before I participate in the above activity/class/event, I understand the nature of this program, the facilities, equipment, and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person(s) in charge.

HOLD HARMLESS AGREEMENT: in consideration for being permitted to participate in the activity/class/event hosted by the City of Spokane, to the maximum extent permitted by law, I voluntarily assume all risks of bodily injury or property damage associated with participation. I agree to defend, indemnify, and save harmless the City of Spokane, its appointed and elected officers, employees, agents, and representatives from and against all loss or expense including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death, or property damage arising out of any act or omission under or in connection with my participation except only such injury as shall have been occasioned by the sole negligence of the City of Spokane, its appointed and elected officers, employees, agents, or representatives. To the extent any of the damages referenced herein were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives and others, this obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of the participant. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in the above-referenced activity/class/event.

I understand that it is my obligation to have a health insurance policy in effect while participating in the above-referenced activity/class/event and to otherwise be responsible for any and all medical expenses which may be incurred while participating. I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Spokane. I understand and agree that this Waiver and Release of Liability is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this document shall continue in full force and effect. I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this Waiver and Release of Liability as my own free act.

TEAM NAME:

LEAGUE:

PRINT PLAYER NAME	SIGNATURE	T-SHIRT SIZE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		