TIM DEGEETER
MAYOR
www.cityofparma-oh.gov

THE CITY OF PARMA
PROGRESS THROUGH PARTNERSHIPS
est. 1816

MICKEY VITTARDI
PARKS AND RECREATION
DIRECTOR

WOMEN'S and COED VOLLEYBALL 2014-2015

Dear Coaches,

The City of Parma is excited to once again offer you an opportunity to participate in an adult volleyball league.

Applications and fees will be accepted at the Parma Recreation Department, 7335 Ridge Road, the former Royal Ridge Library, beginning Tuesday, September 2nd through Friday, September 26th, between the hours of 8:30a.m. and 4:00p.m. Please read and follow the attached instructions, application and roster forms. There are a limited number of openings in each league. Teams will be accepted on a first come first serve basis.
Deadline for all applications, team rosters and team fees is September 26, 2014.

All matches will be played in the gymnasium at the Parma Community School, 5983 West 54th Street, Parma, Ohio. (Formerly Schaaf Community Center) Matches are scheduled for play on Tuesday evening for women's leagues, Wednesday evening for coed leagues, beginning at 6:30p.m. The season is tentatively scheduled to begin on Tuesday, October 14TH, 2014. Teams will consist of six playing participants. Three games will be played per session.

We sincerely look forward to beginning a new volleyball season. Should you require any further information, please contact the Recreation Office @ 440-885-8144.

Sincerely,

Mickey Vittardi

Michael A. Vittardi
Parks & Recreation Director

2014-2015
CITY OF PARMA
ADULT VOLLEYBALL LEAGUE

STEPS FOR ENTERING WOMEN'S & COED VOLLEYBALL

1. **ENTERANCE FEE:**.....$195.00
   MAKE CHECK PAYABLE TO THE CITY OF PARMA

2. **FORFEIT FEE:**.....$ 40.00
   MAKE CHECK PAYABLE TO P.A.A.F.
   REFUNDABLE FORFEIT FEE OF $36.00 WILL BE REFUNDED AT THE CONCLUSION OF THE SEASON PROVIDED THERE ARE NO FORFEITS

3. **NON-RESIDENT FEE:**.....$ 10.00

4. TEAM ROSTERS MUST BE COMPLETED AND RETURNED WITH ENTRANCE FEE.

5. TEAM APPLICATION MUST BE COMPLETED AND RETURNED WITH ENTRANCE FEE.

6. **REFEREE FEES:**.....$ 10.00 PER TEAM

7. CARDS: EACH PLAYER MUST COMPLETE TWO (2) CONTRACT CARDS WITH DRIVERS LICENSE AND HAVE THESE CARDS VERIFIED AND STAMPED BY THE PARMA RECREATION DEPARTMENT PRIOR TO PARTICICPATION IN THE PARMA VOLLEYBALL LEAGUE. NON-RESIDENT FEES ARE DUE UPON VERIFICATION OF CONTRACT CARDS.

8. UNIFORMS ARE NOT REQUIRED. PROPER TENNIS SHOES ARE MANDATORY.

9. **DEADLINE FOR ENTRY FEES WILL BE SEPTEMBER 26, 2014.** ALL ENTRIES MUST BE RETURNED TO THE PARMA RECREATION DEPARTMENT, 7335 RIDGE ROAD, PARMA, OHIO 44129

MANAGERS RESPONSIBILITIES

A. ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL INDEBTEDNESS INCURRED BY HIS TEAM.
B. AGREES TO ABIDE BY ALL RULES AND REGULATIONS.
C. CONTROLS PLAYERS AT ALL TIMES.
D. FILE CORRECTLY COMPLETED CONTRACT CARDS FOR ALL PLAYERS AND UPDATE ALL INFORMATION.
E. BECOME INFORMED OF ALL SCHEDULED AND RESCHEDULED CONTESTS.
F. INFORM ALL PLAYERS OF RULES AND REGULATIONS.

FOR MORE INFORMATION PLEASE CALL 440-885-8144

2014-2015
VOLLEYBALL TEAM APPLICATION

_____TEAM DO HEREBY APPLY FOR REPRESENTATIVE MEMBERSHIP IN THE CITY OF PARMA **WOMEN'S / COED** (CIRCLE ONE) VOLLEYBALL LEAGUE AND WILL COMPLY WITH THE RULES AND REGULATIONS OF SAID LEAGUE, COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE IN THIS LEAGUE.

MANAGER:_____HOME PHONE:(_____)_____

ADDRESS:_____CELL PHONE: (_____)_____

CITY/ZIP:_____E-MAIL: _____

Did this team compete in an organized league last year?_____

If so, please list what league and team name._____

If team is a merger of two teams, please list team names._____

Please designate a division choice. Based on your team skill level, if a choice can be provided, would your team prefer to compete in a competitive division or a recreation division? Please circle one.

COMPETITIVE RECREATIONAL

I, _____, Manager of the _____
Manager's Signature Team Name

Have fulfilled the requirement for entry in this Parma Adult Volleyball League. I have also received a set of rules and will apprise myself and my team of their content.

THIS SECTION IS FOR OFFICE USE ONLY

1. Entry Fee Paid_____ 2. Contract Cards_____

3. Rule Book_____ 4. Forfeit Refund_____

FORFEIT FEE REFUND FORM

PROVIDED OUR TEAM HAS NOT FORFEITED ANY GAMES, FOR THE 2014-2015 VOLLEYBALL SEASON, PLEASE RETURN THE $40.00 FORFEIT FEE TO:

NAME:_____

ADDRESS:_____CITY/ZIP_____

2014-2015
VOLLEYBALL ROSTER

TEAM NAME:_____ LEAGUE: WOMEN'S COED
(Please circle one)

MANAGER:_____ HOME PHONE(_____)_____

CELL PHONE (_____)_____

DATE:_____ E-MAIL _____

THE BELOW LISTED PLAYERS, ALL REQUIRED TO SIGN WHERE INDICATED, ARE ACTIVE MEMBERS OF THE _____TEAM AND ARE COVERED BY THIS PLAYER AFFIDAVIT. THIS ROSTER WILL BE CHECKED WITH PLAYER CONTRACT CARDS AND ALL ADDRESSES WILL BE VERIFIED. ANY PLAYER NOT LISTED ON THIS ROSTER MUST BE APPROVED TO BE ELIGIBLE TO PARTICIPATE IN THE LEAGUE.

PLAYERS NAME	ADDRESS	CITY/ZIP	PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

_____ _____
MANAGER' SIGNATURE DATE