



## WOMEN'S and COED VOLLEYBALL 2017-2018

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, beginning Tuesday, September 5<sup>th</sup> through Thursday, October 5<sup>th</sup> 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 come serve basis.

**Deadline for all applications, team rosters and team fees is October 5<sup>th</sup>, 2017.**

All matches will be played at the Parma Community School gymnasium, 5983 West 54<sup>th</sup> Street, Parma, Ohio. Matches are scheduled for play on Tuesday evening for women's leagues and Wednesday evening for coed leagues, beginning @ 6:30p.m. The season is tentatively scheduled to begin on Tuesday, October 17<sup>th</sup>, 2017. Teams will consist of six playing participants. Three games will be played per session.

We look forward to beginning a new volleyball season. Should you have any further questions, please contact the Recreation Department @ 440-885-8144.

Sincerely,

Michael A. Vittardi  
Parks & Recreation Director

**2017-2018  
CITY OF PARMA  
ADULT VOLLEYBALL LEAGUE**

**STEPS FOR ENTERING WOMEN'S & COED VOLLEYBALL**

1. **ENTERANCE FEE:**.....\$195.00
2. **FORFEIT FEE:**.....\$ 40.00
3. **NON-RESIDENT FEE**.....\$ 10.00
4. **TEAM ROSTERS MUST BE COMPLETED AND RETURNED WITH ENTERANCE 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 RECREATION DEPARTMENT PRIOR TO PARTICIPATION IN THE PARMA VOLLEYBALL LEAUGE. 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 OCTOBER 5, 2017. ALL ENTRIES MUST BE RETURNED TO THE RECREATION DEPARTMENT, 7335 RIDGE ROAD, PARMA, OHIO 44129.**  
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**MANAGERS RESPONSIBILITIES**

- A. **ACCEPT FULL RESPONSIBIILTY 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**

**2017-2018  
VOLLEYBALL TEAM APPLICATION**

\_\_\_\_\_ TEAM, DO HEREBY APPLY FOR  
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: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

.....  
Did this team compete in an organized league last year? \_\_\_\_\_

If so, 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 recreational 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.  
.....

**FORFEIT FEE REFUND FORM**

PLEASE RETURN \$40.00 FORFEIT FEE, PROVIDING OUR TEAM HAS NOT FORFEITED  
ANY GAMES FOR THE 2017-2018 SEASON TO:

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

**2017-2018  
VOLLEYBALL ROSTER**

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

MANAGER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_ EMAIL \_\_\_\_\_

THE BELOW LISTED PLAYERS ARE ACTIVE MEMBERS OF THE \_\_\_\_\_  
(TEAM NAME)

THEY 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.

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PLAYERS NAME                      ADDRESS                      CITY/ZIP                      PHONE  
.....

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE