

TIM DeGEETER
MAYOR

www.cityofparma-oh.gov



MICKEY VITTARDI
PARKS AND RECREATION
DIRECTOR

August 16, 2013

WOMEN'S and COED VOLLEYBALL 2013-2014

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, Parmatown Mall, 7912 Day Drive, beginning Tuesday, September 3rd through Friday, September 27th, 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 27, 2013.

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 15TH, 2013. 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,

Michael A. Vittardi
Parks & Recreation Director

**2013-2014
CITY OF PARMA
ADULT VOLLEYBALL LEAGUE**

STEPS FOR ENTERING WOMEN'S & COED VOLLEYBALL

1. **ENTRANCE 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 PARTICIPATION 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 27, 2013.** ALL ENTRIES
MUST BE RETURNED TO THE PARMA RECREATION DEPARTMENT, PARMATOWN
MALL, 7912 DAY DRIVE, PARMA, OHIO 44129.
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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

**2013-2014
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: _____

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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.

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THIS SECTION IS FOR OFFICE USE ONLY

1. Entry Fee Paid _____ 2. Contract Cards _____

3. Rule Book _____ 4. Forfeit Refund _____
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FORFEIT FEE REFUND FORM

PROVIDED OUR TEAM HAS NOT FORFEITED ANY GAMES, FOR THE 2013-2014 VOLLEYBALL SEASON, PLEASE RETURN THE \$40.00 FORFEIT FEE TO:

NAME: _____

ADDRESS: _____ CITY/ZIP _____

**2013-2014
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.

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

MANAGER' SIGNATURE

DATE