

**2018-2019
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 SEPTEMBER 28, 2018.** ALL ENTRIES MUST BE RETURNED TO THE RECREATION DEPARTMENT, 7335 RIDGE ROAD, PARMA, OHIO 44129.
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MANAGERS RESPONSIBILITIES

- A. ACCEPT FULL RESPONSIBILTY 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

**2018-2019
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.

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FORFEIT FEE REFUND FORM

PLEASE RETURN \$40.00 FORFEIT FEE, PROVIDING OUR TEAM HAS NOT FORFEITED
ANY GAMES FOR THE 2018-2019 SEASON TO:

NAME: _____

ADDRESS _____ CITY/ZIP _____

**2018-2019
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