

CITY OF ST. JOHNS 2009 CITY LEAGUE VOLLEYBALL

Dear Volleyball Manger,

Please review the following information about the volleyball league and keep for future reference.

1. The City of St. Johns Women's volleyball league will begin play on Wednesday, January 7, 2009. All games will be played at the Wilson Center gym on Wednesdays. The first match of games will begin at 6:15 p.m. and will be scheduled every 55 minutes with the last match of games beginning play at 9:00 p.m. The league is a 30-game/ 12-week season ending with a tournament if weather permits. The season may run a few weeks into April if more than 12 teams sign up before the deadline.
2. Due to limited gym space, the number of teams allowed in the City league will be restricted to the first 12 teams. Register your team early to insure your spot in the league.
3. All team registration envelopes must be returned to the City Offices by 5:00 p.m. on Friday, December 5, 2008. The registration envelopes must contain a completed roster, liability sheet signed by each person on the roster, and proper fees. The team fee is \$185. The player fees are \$10.00 for City Residents and \$19.00 for Non-City Residents. All players must sign the liability sheet before they will be allowed to play. Registrations received after the deadline will incur a \$25.00 late charge.
4. Each team roster must have a minimum of eight (8) players to be accepted.
5. A person must be listed on the roster in order to play on the team. Any team playing a person not on the roster may be dropped from the league without refund.
6. Changes in the roster will be allowed prior to the start of the season; however, additions after the season begins will incur a \$25.00 late charge. The last day to drop a player with a prorated refund is January 21, 2009. The last day to add a player is February 4, 2009.
7. Depending on the number of teams that sign up, you **may** play more than one match (3 games) in a night.
8. A managers meeting will be held during the 2nd week of December in Conference Room C of the Clinton County Courthouse. I will inform you of the exact date and time when it is determined. The volleyball rules and your concerns about the league will be discussed so please plan on attending.

If you have any questions regarding the league please call us at 224-8944 ext. 227 or email me at klivingston@ci.saint-johns.mi.us.

Thank you,

Kate Livingston
Recreation Programmer
City of St. Johns

City of St. Johns
Recreation Department
2009 Registration Form



WINTER VOLLEYBALL



PLEASE PRINT ALL INFORMATION

Please register the _____ in the
(Name of Team)

(Please circle the desired league)

Women's

Wednesday

<u>League</u>	<u># Weeks</u>	<u>Res. Fee</u>	<u>Non-Res Fee</u>	<u>Team Fee</u>
Wednesday	12	\$10.00/ player	\$19.00/ player	\$185.00

Register at the St. Johns City Offices 100 E State Street St. Johns, MI 48879

Registration Due FRIDAY, DECEMBER 5, 2008

Team Manager _____

Name _____

Address _____

City _____ Zip _____

Phone _____ (H) _____ (W)

Email Address _____

Sponsor Address _____

Bring this form along with your team fee
when signing up your team by
December 5, 2008

**CITY OF ST. JOHNS RECREATION DEPARTMENT
PARTICIPATION AGREEMENT WAIVER**

League or Event: Winter Volleyball **Team Name:** _____

Manager: _____
(print name above)

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/**recreational** activities on city property **or properties used for city recreational activities.** By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns and any of its employees or agents from all such claims, lawsuits, actions and/or damages.

NAME (Please Print)	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
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17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____

**2009 ROSTER
CITY OF ST JOHNS VOLLEYBALL LEAGUE**

NAME	COMPLETE ADDRESS	AGE	PHONE NO.
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TEAM NAME _____

MANAGER _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

PHONE NUMBER _____