

Winter 2019 Volleyball League

LEAGUES OFFERED:

• AA League Code# 1900648

Highly competitive – permission required to join this league. Contact the League Coordinator

• A Upper League Code# 1900647

Very competitive – permission required to join this league. Contact the League Coordinator

A Lower League Code# 1900646
Skilled teams with full knowledge of the game.

• B League Code# 1900649

Recreation level play emphasizing skill growth. Not for beginners.

Online Registration
Adult Sports
Leagues

IMPORTANT DATES:

Thursday November 1, 2018 - Registration opens for Bellevue residents & returning teams.

• Friday November 9, 2018 - Registration opens for everyone.

Friday November 30, 2018 4:30 pm - Registration & Payment Deadline

January 6 – March 31, 2019 - League Play

COSTS:

League Fee: \$375 per team
 Nonrefundable if requested less than 3 weeks prior to start of league play or schedules have been set.
 \$35 administrative fee if refund/change request granted.

• Cash, Checks, Visa, and MasterCard accepted.

LEAGUE INFORMATION:

- 10 matches total, one match per week.
- Game night: Sunday evenings.

Holidays observed: Presidents Day, Easter, Memorial Day, $4^{\rm th}$ July, Thanksgiving, Christmas, New Year. If scheduling allows, others might be accommodated if requested with registration.

- Gyms: Tyee Community Gym, South Bellevue Community Center, and Hidden Valley Sports Park.
- Format: 6-on-6, Co-Rec (any combination of men &/or women, women not required).
- Self-Officiated. Required: Teams to provide 2 players to officiate assigned matches.
- USAV rules with house modifications see league rules: https://parks.BellevueWA.gov/sports-and-athletics/adult-sports-leagues
- Notes
 - The league administrator reserves the right to place teams into any division deemed necessary for league play.
 - New teams are recommended to sign up for the B or A Lower Leagues.
 - Teams automatically move up after winning their league.
 - Individuals can be placed on the Interested Players List. Contact Shirley Louie at (425)452-4479, <u>LEAGUES@BellevueWA.gov</u>.

REGISTRATION REQUIREMENTS:

- Registration Form/Info
- Team Roster and Liability Waiver with residence address (Email to <u>LEAGUES@BellevueWA.gov</u> if registering online)
- Full League Fee

Sponsorship: payment must be received by registration deadline. Contact Shirley)

REGISTRATION OPTIONS:

Online Registration https://register.BellevueWA.gov

• Drop-Off Location: Bellevue City Hall

Service First Desk 450 110th Ave NE Bellevue, WA 98004

Mailing Address: Shirley Louie

Bellevue Parks & Community Services/Enterprise Division

PO Box 90012

Bellevue, WA 98009-9012

• E-mail Address: <u>LEAGUES@BellevueWA.gov</u>

• Fax: (425) 452-7221

Attn: Shirley Louie

FOR MORE INFORMATION:

https://parks.BellevueWA.gov/sports-and-athletics/adult-sports-leagues

https://register.BellevueWA.gov

• LEAGUES@BellevueWA.gov

• League Coordinator: Shirley Louie

slouie@BellevueWA.gov

(425) 452-4479



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Team Registration Form

Please fill in the information.						
Fall [] Winter [√] Spring [] Year [2019]						
Team Name:	Sponsor (if applicable):					
Manager's Name:	Phone: (cell)					
	(day) (evening)					
Street Address:	Fax:					
City, State, Zip:	Email Address:					
S.(1) S.(3.(5) [p.]						
League Preference:	Payment Enclosed (check all that apply):					
☐ AA League Code# 1900648 ☐ A Upper League Code# 1900647 ☐ A Lower League Code# 1900646 ☐ B League Code# 1900649 Online Registrationn	\$375 Team League Fee Nonrefundable if requested less than 3 weeks prior to start of league play or schedules have been set. \$35 administrative fee if refund/change request granted. Total Enclosed					
Type of Payment:						
Cash (Do not send in mail) Check or money order (payable to "City of Bellevue") Company Sponsor Check (payment must be received by registration deadline) Charge Card (check type): Visa MasterCard						
Account #: Expiration Date:						
ls your team new to Bellevue Volleyball League?						
If it is, how did you find out about our league?						
If not, what season did your team play in last?						
Season: Year: Former team name:						

For Office Use Only:

Date Received	Registration Form	League Fee	Payment Type	Date Processed	Processed by	Roster	Addresses	Signatures



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Team Roster & Liability Waiver

WAIVER OF LIADILII I/RELEASE -	PLEASE READ CAREFULLI	
, the undersigned participant on TEAM:	, have voluntarily agreed to participate in Bellevue Parks and Community Services Fall[] Winter[√] Spring[] Year[2019] Ad	ιdι

Volleyball League. I agree to adhere to the rules and regulations established by Bellevue Parks and Community Services.

In consideration of being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in City-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the City of Bellevue and its officials, employees, and agents for any injuries suffered by me in connection with the use of City facilities or participation in City-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the City of Bellevue.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me by the City of Bellevue or its agents for publicity purposes during City of Bellevue activities even though I will not receive compensation of any kind for appearing in such photos or video recordings.

If you wish to waive the photo release, please contact the main office at 425-452-6885 or Parksweb@BellevueWA.gov.

By signing the signature line below, I acknowledge that I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above.

Signature (required before playing)	Printed Name	Phone(s)	Residence Address	City	Zip	Resident?	Date
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						