



# Fall 2017 Volleyball League

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## LEAGUE INFORMATION:

- **10** matches total, one match per week.
- Game night: Sunday evenings.
- *Holidays observed: Presidents Day, Easter, Memorial Day, 4<sup>th</sup> July, Thanksgiving, Christmas, New Year. If scheduling allows, others might be accommodated if requested with registration.*
- Gyms at Tye 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>

## LEAGUES OFFERED:

- **AA** – Highly competitive. Spiking and blocking continually; experienced players/teams; sophisticated and aggressive defense.
- **A** - Skilled teams with full knowledge of the game.
  - **A Upper** - Very competitive
  - **A Lower** - Competitive.
- **B** – Recreation level play emphasizing skill growth. Not for beginners.
- **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, [LEAGUES@BellevueWA.gov](mailto:LEAGUES@BellevueWA.gov).

## IMPORTANT DATES:

- Mon July 31, 2017 - Registration opens for Bellevue residents & returning teams.
- Mon Aug 7, 2017 - Registration open for everyone.
- Fri Aug 25, 2017 4:30 pm - Registration & Payment Deadline
- Sept 17 – Dec 17, 2017 - 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.*

## REGISTRATION REQUIREMENTS:

- Registration Form
- Team Roster **with residence addresses**  
*(Online Registration: Email to [LEAGUES@BellevueWA.gov](mailto:LEAGUES@BellevueWA.gov))*
- Full League Fee.  
*(Company Sponsorship: [payment must be received by registration deadline](#))*

## PAYMENT OPTIONS:

- Cash, Checks, Visa, and MasterCard accepted.

## REGISTRATION OPTIONS:

- Online Registration <https://parksreg.BellevueWA.gov>  
New TEAM account & access codes – contact Shirley Louie
- Drop-Off Location: Bellevue City Hall  
Service First Desk  
450 110<sup>th</sup> Ave NE  
Bellevue, WA 98004
- Mailing Address: Shirley Louie  
Bellevue Parks/Enterprise Division  
PO Box 90012  
Bellevue, WA 98009-9012
- E-mail Address: [LEAGUES@BellevueWA.gov](mailto:LEAGUES@BellevueWA.gov)
- Fax: (425) 452-7221  
Attn: Shirley Louie

## FOR MORE INFORMATION:

- <https://parks.BellevueWA.gov/sports-and-athletics/adult-sports-leagues>
  - <https://parksreg.BellevueWA.gov>
  - [LEAGUES@BellevueWA.gov](mailto:LEAGUES@BellevueWA.gov)
  - League Coordinator: Shirley Louie  
[slouie@BellevueWA.gov](mailto:slouie@BellevueWA.gov)  
(425) 452-4479
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# Fall 2017 Volleyball League Roster

## WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY

I, the undersigned participant on TEAM: \_\_\_\_\_, have voluntarily agreed to participate in Bellevue Parks and Community Services Fall  Winter  Spring  Year **2017** Adult 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](mailto: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 <i>(required before playing)</i>	Printed Name	Phone(s)	Residence Address	City	Zip	Resident?	Date
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						