



Spring 2018 Women's Volleyball League

LEAGUE INFORMATION:

- **10** matches guaranteed, one match per week. Playoffs optional.
- Game night: Wednesday
- Holidays observed: Presidents Day, Easter, Memorial Day, 4th July, Thanksgiving, Christmas, New Year. If scheduling allows, others might be accommodated if requested with registration.
- Gyms: South Bellevue Community Center, Tyee Community Gym, and Hidden Valley Sports Park.
- For skilled players/teams with competitive experience.
- Upper and Lower leagues.
- Format: 6-on-6, minimum 4 on the court at all times.
- 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>
- Individuals can be placed on the Interested Players List. Contact Shirley Louie at (425)452-4479, LEAGUES@BellevueWA.gov.

IMPORTANT DATES:

- Thursday March 1, 2018 - Registration opens for Bellevue residents & returning teams.
- Thursday March 8, 2018 - Registration open for everyone.
- Friday March 23, 2018 4:30 pm - Registration & Payment Deadline
- April 11 – July 1, 2018 - League Play

COSTS:

- League Fee: **\$300** 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)
- 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 110th 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
- 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
 - League Coordinator: Shirley Louie
slouie@BellevueWA.gov
(425) 452-4479
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Spring 2018 Women's 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 2018 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.

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						