

Puyallup Parks & Recreation Adult Coed Volleyball - Fall 2018 Team Registration

The City or any third party that uses city property or facilities, or is required to obtain a permit, license or other form of approval from the City for a community athletics program, or participates in a community athletics program shall not discriminate against any person on the basis of sex or any other basis protected by federal or state law.

Registration Dates:	TEAM NAME:
Monday, July 16 Open to returning teams	
Monday, July 23 Open to all	Resident Team Non Resident Team
Sunday, September 2 Last day to register and turn in schedule requests	Resident through a City business sponsor payment
League Dates: September 16 - November 18	Resident by attached roster (51% living in City limits)
Games: 16 All games are played as double headers This is a self officiated league Sundays at the Puyallup Recreation Center	COACH INFORMATION Name
Fee: Non Resident \$275 Resident Discount: \$250	Address
Requirements to be considered a resident team:	City Zip
More than 50% of the team's players must be City of Puyallup residents, OR, teams must be sponsored by a	Cell #
City of Puyallup business.	Other #
No registration will be accepted without full payment.	Email
Rosters must have a minimum of 6 players (3 men & 3 women) and must be turned in by your first game.	Email is used for league communication
Schedules will be emailed to the coaches the week of September 4-7. LEAGUE PREFERENCE	SPECIAL REQUESTS If your team has a special request for game times please write them below. No special requests will be accepted after Sunday, September 2. We will do our best to accommodate special requests but can't guarantee that all will be made.
Recreation Division	
Game times 9am - 1pm. Players playing for fun and recreation with limited skills.	
Intermediate Division Game times 1pm - 5pm. Teams playing for fun and exercise with some skilled players.	
Competitive Division Game times 5pm - 9pm. Competitive, skilled players with experience.	
	elow this line – for office use only
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City of Puyallup Parks & Recreation Participation Assumption of Risk, Waiver, and Release

Team Name:	Sport:		Div	Division		
Coach's Name:	Į P	Phone:	Re	Resident Team_	Non-Resident Team	am
	All players mus	***All players must sign this form to be eligible to participate	le to participat	• * * *		
"I am eighteen years of age or older, fully competent and I desire to participate in the City of Puyallup's sponsored recreation activity. I am fully aware of the fact that there are special dangers and risks inherent in this activity, including, but not limited to, the risk of serious physical injury, death or other harmful consequences that may arise or result directly or indirectly to me from my participation in this activity. Being fully informed as to these risks and in consideration of my being allowed to participate in City sponsored activities and/or use of City facilities, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use. I also hereby individually and on behalf of my heirs, executors and assigns, release and hold harmless the City of Puyallup, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my voluntary participation in this activity."	ler, fully competent and I desigers and risks inherent in this arise or result directly or indirectly or participate in City sportactivities or use. I also hereby employees and agents and wantedness occurring to me ar	ssire to participate in the City of Puyallup's sponsored recreation activity. I am fully awas activity, including, but not limited to, the risk of serious physical injury, death or other rectly to me from my participation in this activity. Being fully informed as to these risks onsored activities and/or use of City facilities, I hereby assume all risk of injury, damage by individually and on behalf of my heirs, executors and assigns, release and hold harm waive any right of recovery that I might have to bring a claim or a lawsuit against them farising out of my voluntary participation in this activity."	f Puyallup's sponited to, the risk ion in this activ City facilities, of my heirs, exert I might have to ricipation in thi	nsored recreated of serious photists. Being full I hereby assumentors and assubring a claim sactivity."	tion activity. I am fully ysical injury, death or ly informed as to these ne all risk of injury, da igns, release and hold tor a lawsuit against the	y aware of other risks and mage and harmless em for an
Players Name (Printed)	Signature	Address	City	Zip	Phone	Shirt Siz