

Wahoo Parks and Recreation Department  
**2011 FALL COED VOLLEYBALL LEAGUE**



**When:** Thursday Nights

**League Format:** League will be officiated and teams will play 7 matches plus a double elimination tournament. Teams may play doubleheaders. Matches will be 6:30pm or later. Requested game times must be noted on this flyer. Not all requests may be honored.

**Registration Deadline (w/payment):** August 8<sup>th</sup>. Payment must be made at the time of registration.

**Program Start Dates:** League will begin in August. Visit our website at [www.wahoociviccenter.com](http://www.wahoociviccenter.com) beginning August 15<sup>th</sup> for the league schedule.

<b>League Fees:</b>	<u>Civic Center Member</u> (More than 1/2 the team are CC members)	<u>Non-Member</u> (Less than 1/2 the team are CC members)
Competitive	\$165	\$195
<b>League Director:</b>	Bob Schmidt, 443-4174, <a href="mailto:bob@wahoociviccenter.com">bob@wahoociviccenter.com</a>	



**TEAM REGISTRATION FORM & PLAYER INDEMNIFICATION AGREEMENT**

Realizing that I am playing for fun, recreation, and personal betterment, I hereby for myself, my heirs, personal representatives and assigns, waive and release any and all claim for injuries or damages of any kind of nature which I may have against the City of Wahoo, any manager, referee or assistant thereto, anyone who prepares a facility for any game, chaperones, sponsors or anyone who organizes or causes this program to operate, their agents, representatives and assigns as a result of any practice session or game or any participating in said sports program and indemnify the City of Wahoo, and all parties named herein against such claim or damages arising from such claims.

I hereby agree that managers, referees, their assistants or anyone who prepares a facility shall not be liable for my injury or death as a participant in said Wahoo Parks and Recreation program which results from the negligence of any of the above listed individuals. I understand that the City of Wahoo assumes no legal or financial responsibility in case of accident or injury and I assume full responsibility for my medical expenses and waive all rights or causes of action, which I may have against the City of Wahoo and each of the persons named herein.

**2011 FALL COED VOLLEYBALL LEAGUE**

Participant	Address	Phone#	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

Team Manager: _____	Team Name/Sponsor: _____
E-Mail Address: _____	Phone #: _____

Parks and Recreation Hot Line (game cancellations)	<b>443-4500</b>
Web site (league info and game cancellations)	<b><a href="http://www.wahoociviccenter.com">www.wahoociviccenter.com</a></b>
Wahoo Parks and Recreation Department	<b>443-4174</b>

<i>FOR OFFICE USE ONLY</i>	
Date Pd. _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Chk. # _____ Credit Card <input type="checkbox"/> Amount Pd. _____ Staff Member _____