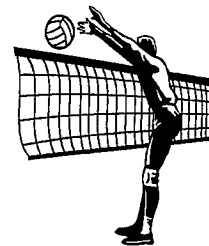




WOODLAND PARK
CITY ABOVE THE CLOUDS

WOODLAND PARK PARKS & RECREATION Adult Volleyball League



"EARLY BIRD" REGISTRATION

DEADLINE:



Friday, March 9

"EARLY BIRD" TEAM FEES: \$315.00

Late Registration Deadline:

Friday, March 16

Late Registration Fee:

\$365.00

League Format: 10 Games + Double Elimination Tourney

Mandatory Manager's Meeting: (a Team Representative MUST attend)

Wednesday, March 28, 6:00 p.m.

Woodland Park Library – Upstairs Conference Room

Team Rosters Due: Monday, April 2

(Rosters must be complete, signed and given to Parks and Recreation no later than this date)

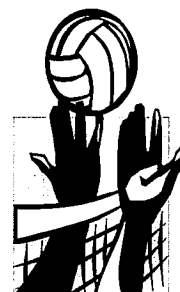
Season: April 4 – May 23

Game Days: Monday and/or Wednesday nights

Min # of Teams: 4

GENERAL LEAGUE INFORMATION

- Location: WP High School and/or Middle School
- Age: Players must be turning 18 years of age sometime during the Adult Volleyball season in order to play in this league.
- Referees: One referee will be provided for each league game and 2 referees for each game in the end of season tournament. Each referee will be paid prior to each game by the teams. One referee system/\$30/split between the teams. 2 referee system/\$25 per referee/per team.
- Matches: Best 2 out of 3 games – rally score.
- Teams may play 6v6 or 4v4.
- Players: Teams must keep an equal or greater number of women on the court at all times.
- Uniforms: Teams must have similar color shirts with numbers.
- Awards: 1st Place – shirts & team trophy / 2nd Place – team trophy
- Other questions? Call 687-5225



WOODLAND PARK PARKS AND RECREATION ADULT SPORT ROSTER

FOR OFFICE USE ONLY

Date Received _____
 Amount Paid _____
 Sport: _____ Division: _____

TEAM NAME: _____ BEST PHONE # TO CALL _____
 MANAGER'S NAME _____ BEST PHONE # TO CALL _____
 ALT MANAGER NAME _____

In consideration of your accepting the entry, I hereby, for myself, my heirs, executors, and administrators waive and release any and all rights and claims for damages I may have against the City of Woodland Park, the Re-2 School District, or the contracted instructor, their representatives, successors, and assigns, for any and all injuries suffered by myself at any activity sponsored by these groups.

PLEASE COMPLETE AND PRINT ALL INFORMATION CLEARLY

ALL PLAYERS LISTED ON THE TEAM ROSTER MUST DATE AND SIGN THE LIABILITY WAIVER PRIOR TO PARTICIPATING IN LEAGUE

1	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
2	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
3	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
4	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
5	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
6	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:
7	Name (print):	Mailing Address:	Phone#:	WP Resident?
	Email:	City: State: Zip:	Signature:	Date:

TEAM NAME: _____

8	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
9	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
10	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
11	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
12	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
13	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:
14	Name (print):	Mailing Address:			Phone#:	WP Resident?
	Email:	City:	State:	Zip:	Signature:	Date:

ROSTER VERIFICATION:

I certify that all of the information listed above, including players signatures, players names, addresses and city residence are correct, and all players are eligible to participate according to the rules and regulations as set forth by the City of Woodland Park in addition, I understand that any false information will result in my, this teams and/or player(s) suspension from this activity without appeal.

MANAGER'S SIGNATURE _____ DATE: _____

** If more roster pages are needed, make a blank photocopy of this page or visit the City website www.city-woodlandpark.org.