



Fall 2021 Volleyball League

LEAGUES OFFERED:

League Code# 2110306 Upper 2110305 Lower League Code#

IMPORTANT DATES:

- Registration opens for Bellevue residents & returning teams Friday **September 17, 2021**

September 22, 2021 - Registration opens for everyone Wednesday October 1, 2021 - Registration & Payment Deadline Friday

October 17 – December 19, 2021 - League Play

COSTS:

League Fee: \$276.50 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.

Visa, MasterCard, Cash, Checks accepted.

LEAGUE INFORMATION:

- 7 matches total, one match per week.
- Game night: Sunday evenings...
- Gyms: Tyee 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. Honor system for calling own faults.
- USAV rules with house modifications see league rules: https://parks.BellevueWA.gov/adult-leagues
- Interested Players List: for list of players or to be added contact LEAGUES@BellevueWA.gov

REGISTRATION REQUIREMENTS:

- Registration Info (Forms if registering by mail/email)
- Team Roster and Liability Waiver with residence address (Email to <u>LEAGUES@BellevueWA.gov</u> if registering online)

Full League Fee

Sponsorship: payment must be received by registration deadline. Contact Shirley

REGISTRATION OPTIONS:

https://register.BellevueWA.gov Online Registration

Drop-Off Location: Bellevue City Hall

> Service First Desk 450 110th Ave NE Bellevue, WA 98004

Mailing Address: Shirley Louie

Bellevue Parks & Community Services/Enterprise Division

PO Box 90012

Bellevue, WA 98009-9012

LEAGUES@BellevueWA.gov E-mail Address:

(425) 452-7221 Fax:

Attn: Shirley Louie

FOR MORE INFORMATION:

- https://parks.BellevueWA.gov/adult-leagues
- https://register.BellevueWA.gov
- LEAGUES@BellevueWA.gov
- League Coordinator: Shirley Louie

slouie@BellevueWA.gov

(425) 452-4479



Fall 2021 Volleyball League

Team Registration Form

Please	fill	in	tha	info	rm:	ation

Fall [✓] Winter [] Spring	g[] Year [<mark>2021</mark>]					
Team Name:	Sponsor (if applicable):					
Manager's Name:	Phone: (cell)					
	(day)					
-	(evening)					
Street Address:	Fax:					
City, State, Zip:	Email Address:					
League Preference:	Payment Enclosed (check all that apply):					
Upper League Code# 2110306	1 , ,					
Lower League Code# 2110305	\$276.50 Team League Fee					
	Nonrefundable if requested less than 3 weeks prior to start of league play or schedules have been set.					
Notes:	\$35 administrative fee if refund/change request granted.					
REGISTER ONLINE						
	Total Enclosed					
Type of Payment:						
Cash (Do not send in mail)						
Check or money order (payable to "City of Bellevue")						
Company Sponsor Check (payment must be received by registration deadline)						
Charge Card (check type): Visa MasterCard						
Account #: Expiration Date:						
Is your team new to Bellevue Volleyball League?						
If it is, how did you find out about our league?						
If not, what season did your team play in last?						
Season: Year: Former team name:						

For Office Use Only:

Date Received	Registration Form	League Fee	Payment Type	Date Processed	Processed by	Roster	Addresses	Signatures





Fall 2021 Volleyball League

Team Roster & Liability Waiver (rev 3/7/19)

WAIVER OF LIABILITY/RELEASE - PLEASE READ CAREFULLY

Team Name:

In consideration of myself and/or my child(ren) being allowed to use City of Bellevue Parks & Community Services facilities and/or participate in the City-sponsored activity(ies) identified herein, I ASSUME ANY AND ALL RISKS, INCLUDING RISK OF INJURY OR DEATH, associated with my or my child(ren)'s 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 or my child(ren) in connection with the use of City facilities or participation in the City-sponsored activity(ies) identified herein. 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 in connection with the use of City facilities or participation in the City-sponsored activity stated above.

PHOTO/VIDEO RELEASE: I give my permission to have photos and/or video and audio recordings taken of me or my child(ren) during City of Bellevue activities and authorize the City of Bellevue to copyright, use, and publish the same. I understand I am waiving any right of privacy, compensation, copyright or other ownership right connected to the photo or recording. If you do not give permission to have photos and/or video and audio taken of you or your child(ren), please contact the main office at 425-452-4479 or Leagues@bellevuewa.gov.

I acknowledge that I have carefully read this WAIVER OF LIABILITY / RELEASE and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the City of Bellevue in connection with my or my child(ren)'s participation in this activity.

I have voluntarily agreed to participate in Bellevue Parks and Community Services Adult Sports Leagues and I agree to adhere to League rules and regulations.

By signing the signature line below. I accept the conditions printed above.

Signature (required before playing)	Date	Printed Name	Phone(s)	Residence Address	City	Zip
1.						
2.						
3						
4.						
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11.						
12						