



2019 Indoor Coed Volleyball League

The Recreation Center will be hosting an indoor volleyball league which will be played on Sunday evenings in the Rec Center gym starting in January. Teams should consist of at least 6 players. You may add as many players as you wish to the original roster. Any player submitted after the roster is turned in will be \$10 unless it is a one time sub. A referee will be present to call the games. A full schedule can be found at <https://strecdept.recdesk.com>

See below for league format:

- The net will be set at men's height.
- Teams will play the best out of 3 games to 25 with the third to 15 points.
- Teams may sub or rotate in at the servers spot – you must pick on method and stay with this the entire game.
- 2 Females must be on the court at all times.
- Normal indoor rules will be followed in regards to lifts, carries, etc.
- To be eligible to play in the championship all players must of played in at least 2 season games.
- 1 Timeout per game. (Possible of 3 total)

Team Name: _____

Captain Name: _____

Email: _____ @ _____

* The majority of information will be passed via email and be the responsibility of the captain to convey info.

Phone: _____

2nd Phone: _____

Team Fee: \$160 Paid by: Cash Check Date

Roster: Please write each team members first and last name on the area provided.

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

All players must sign a waiver of liability and release form to participate. This can be handed in the night of the first game. Team fees can be paid in full online with a card or to the center directly.

St. Clairsville Department of Parks & Recreation Waivers

Photo Waiver: I allow the center to use my image or likeness during the course of normal business activities such as fliers, marketing items, Facebook promotions etc.

Signature: _____

Emergency Medical Authorization

Purpose: To enable parents and guardians of participants to authorize the provision of emergency treatment for the children or participants who become ill or injured while under Dept. of Parks & Recreation activities when the parent or guardian cannot be reached.

Participants Name: _____ Program Participating In: **Coed Indoor Volleyball**

Part I (To Grant Consent):

In the event reasonable attempts to contact me , _____ at _____ (*phone number*) or _____ (*cell phone*) have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the following doctors:

Preferred Physician Name & Phone: _____

Preferred Dentist Name & Phone: _____

In the event the designated practitioner is not available, I consent to care by another licensed physician or dentist. If the transfer of _____ (*participant's name*) is necessary I grant consent of the transfer to _____ (*preferred hospital*) for any reasonable and necessary care. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted in the space provided below:

Signature: _____ Date: _____

HIPPA Consent:

The St. Clairsville Department of Parks & Recreation acknowledge and abides by all rules of the HIPPA Act.

Yes, I do consent to release emergency medical information on this form to the Recreation Department office staff, emergency personnel and coaches.

No, I do consent to release any or all information pertaining to my child.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Do NOT complete Part II if you completed Part I

Part II (Refusal to Consent)

I do *NOT* give my consent for the emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish the St. Clairsville Department of Parks & Recreation authorities take no action to:

Signature: _____ Date: _____