WOMEN'S VOLLEYBALL LEAGUE

League: Tuesday Night League

Registration begins: December 5, 2022– January 5, 2023

League Starts: January 10, 2023

Registration Fee: \$150 for returning teams

\$175 for new teams

>> \$50 Off when you refer a new

team to register

Forfeit Fees: \$48 due at time of registration

(refundable at end of season)

Official's Fees: \$17 per team, per game

Registration will be taken at the Recreation Center, located at 5111 Benito Street, Montclair. The Recreation Center is open Monday - Thursday 9:00 am - 6:00 pm. The Recreation Center will be closed Monday, January 2, 2023, in observance of New Year's Day.

For more information please call (909) 625-9479







CITY OF MONTCLAIR HUMAN SERVICES DEPARTMENT (909) 625-9479 WOMEN'S VOLLEYBALL FALL LEAGUE

DIVISION OFFERED

Tuesday Evening - ADULT WOMEN'S DIVISION beginning January 10, 2023.

A minimum of four (4) teams are needed and a maximum of eight (8) teams will be allowed to register for the league. League games and playoffs will be played at the Montclair Community Center, 5111 Benito Street, Montclair.

GAME TIMES: Games will be played at 7:00, 7:45, 8:30 and 9:15 p.m. Teams will play at all times throughout the season. The gymnasium will open approximately 15 minutes prior to the first scheduled game.

REGISTRATION DATES: December 5, 2022—January 5, 2023 Registration is taken on a first come first serve basis. Registration will be taken up to closing date or until the league is full.

REGISTRATION FEES: \$175 for new teams, plus \$48 forfeit fees

\$150 for returning teams, plus \$48 forfeit fees \$50 off when you refer a new team to register

FORFEIT FEES: Forfeit fees of \$48 **must** accompany the registration fee. Any money due back at the end of the season will be returned by mail to the team manager.

Note: No refunds.

OFFICIAL'S FEES: \$15 is to be paid by each team to the official <u>BEFORE</u> each game (including

playoffs).

LEAGUE APPLICATION PROCEDURES

All teams must complete and submit the attached Team Application and registration payment in full (including forfeit fees) to the Recreation Center, 5111 Benito Street, Montclair.

<u>RETURNING TEAM</u>: All returning teams must have a minimum of 50% of the previous league roster and keep the same team name. A returning team may sit out only one season. Sitting out two or more seasons will constitute new team status. **Registration deadline for both returning and new teams will be Thursday, January 5, 2023**

MANAGERS MEETING: A MANDATORY meeting will be held thirty (30) minuets prior to their first game on Tuesday, January 10, 2023 at the Montclair Community Center, 5111 Benito Street, Montclair. Managers will be notified of their first game time prior to the meeting. Throughout the meeting managers will receive their team's game schedule and league rules will be covered thoroughly. If a team does not have a representative present at the meeting they may be withdrawn from the league. ROSTERS MUST BE TURNED IN AT OR BEFORE THE MANAGERS MEETING.



DATE RECVD:

CITY OF MONTCLAIR HUMAN SERVICES DEPARTMENT (909) 625-9482 WOMEN'S VOLLEYBALL LEAGUE FALL TEAM APPLICATION



All teams must the volleyball roster attached ON OR BEFORE 9:00 p.m. on Tuesday, January 10 to the Recreation Center, 5111 Benito Street, Montclair.

leam Name:	Previous Nar	ne:
		Email:
Address:	City:	Zip:
Asst. Manager:	Phone:	Email:
Address:	City:	Zip:
Т	EAM BACKGROUN	ID INFORMATION
Please list last city leag	ue your team played in:	
League Classification: _		
Team Record:		
I, the undersigned, as a repre	DISCLAIMER: esentative of the above named team	, acknowledge that participation in athletic events necessari
I, the undersigned, as a representation involves risk of physical injury acknowledge the contagious and programs may cause mersonal injury, illness, perma officers, agents, employees, we, our family, guardians, assethese events sponsored by the involves involves.	esentative of the above named team y, and we are voluntarily participating nature of COVID-19 and voluntarily he to be exposed or infected by Canent disability, and death. I hereby revolunteers and other representative signees, or legal representatives, have	a, acknowledge that participation in athletic events necessaring in this program and insurance is our responsibility. I also assume the risk that participation in the activities, classe OVID-19 and that such exposure or infection may result release, discharge, and hold harmless the City of Montclair, its from all liability, claims, causes of action, or demands the now or may hereafter have arising out of our participation physical injury caused by the negligence or omission of ar
I, the undersigned, as a representations, promotional liter recruiting or promotional mater	esentative of the above named teamy, and we are voluntarily participating nature of COVID-19 and voluntarily need to be exposed or infected by Canent disability, and death. I hereby revolunteers and other representatives ignees, or legal representatives, have city of Montclair, including any volunteers or other representatives or CONSENT: External use, I, the undersigned, less, the right to compile address and during activities or at special even at the compile advertising, webpages, and/or	a, acknowledge that participation in athletic events necessaring in this program and insurance is our responsibility. I also assume the risk that participation in the activities, classes OVID-19 and that such exposure or infection may result release, discharge, and hold harmless the City of Montclair, it is from all liability, claims, causes of action, or demands the renow or may hereafter have arising out of our participation physical injury caused by the negligence or omission of an of the City of Montclair. Thereby authorize and give the City of Montclair, its legal mailing labels and permission to publish, without charge its sponsored by the City of Montclair where I may appear in publications, catalogues, brochures, newsletters, audio-visu other media or commercial, informational, educational, trainin method or media which the City of Montclair deems appropriate
involves risk of physical injury acknowledge the contagious and programs may cause me personal injury, illness, perma officers, agents, employees, we, our family, guardians, asset these events sponsored by tofficers, agents, employees, we acknowlegement and expresentatives and assigned photographs or videos taken further authorize that these phoresentations, promotional liter recruiting or promotional mater in its sole discretion. I consent	esentative of the above named teamy, and we are voluntarily participatiry nature of COVID-19 and voluntarily need to be exposed or infected by Canent disability, and death. I hereby revolunteers and other representatives ignees, or legal representatives, have he City of Montclair, including any volunteers or other representatives or CONSENT: External use, I, the undersigned, es, the right to compile address and during activities or at special even notographs and videos may be used reture, advertising, webpages, and/or ials relating thereto using any means, to such uses and hereby waive all rindersigned, am over eighteen (18) years.	a, acknowledge that participation in athletic events necessaring in this program and insurance is our responsibility. I also assume the risk that participation in the activities, classes OVID-19 and that such exposure or infection may result release, discharge, and hold harmless the City of Montclair, it is from all liability, claims, causes of action, or demands the renow or may hereafter have arising out of our participation physical injury caused by the negligence or omission of an of the City of Montclair. Thereby authorize and give the City of Montclair, its legal mailing labels and permission to publish, without charge its sponsored by the City of Montclair where I may appear in publications, catalogues, brochures, newsletters, audio-visu other media or commercial, informational, educational, trainin method or media which the City of Montclair deems appropriate

_____ RECEIPT NO.:_____ AMT: \$ __



CITY OF MONTCLAIR VOLLEYBALL ROSTER



Winter 2023

TEAM NAME:	TEAM MANAGER:	
ADDRESS:	CITY:	ZIP:
HM PHONE:	ALT PHONE:	

WAIVER OF LIABILITY

the activities, classes, and programs may cause me to be exposed or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I hereby release, discharge, and hold harmless the City of Montclair, its officers, agents, employees, volunteers and other representatives from all liability, claims, causes of action, or demands that I, my family, guardians, assignees, or legal representatives have now or may hereafter have arising out of our participation in these events sponsored by the City of Montclair, including any I, the undersigned, acknowledge that participation in athletic events necessarily involves risk of physical injury and I am voluntarily participating in this program and insurance is my responsibility. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that participation in physical injury caused by the negligence or omission of any officers, agents, employees, volunteers or other representatives of the City of Montclair

SIGNATURE					
PHONE NUMBER					
ZIP					
CITY					
ADDRESS					
NAME					