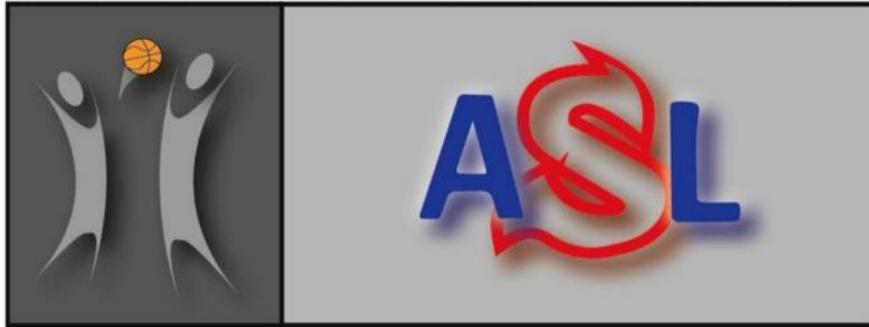


A D U L T S P O R T S



L A K E W O O D

# *Spring* VOLLEYTENNIS



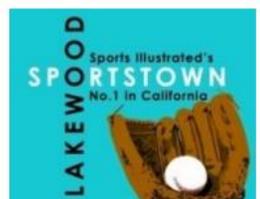
**REGISTRATION  
JANUARY 9-20, 2017**

**LEAGUES BEGIN  
THE WEEK OF  
FEBRUARY 27**



**\*CUSTOM PRIZES\***

**WE ACCEPT ALL MAJOR CREDIT CARDS**



Visit [www.lakewoodcity.org/sports](http://www.lakewoodcity.org/sports) for: Schedules and Standings

### **QUALIFICATION INFORMATION**

All teams will be categorized for the purpose of determining priority registration and appropriate fee according to the following criteria:

#### **CATEGORY A**

**Lakewood Resident Teams** - Must maintain no fewer than six Lakewood residents on the roster at all times. Proof of residency will be required for each Lakewood resident. Photocopies of valid driver's license or DMV identification or utility bill dated within the past 30 days, along with valid identification, must be submitted with registration. Previously submitted verification must be resubmitted.

#### **CATEGORY B**

**Lakewood Sponsored Teams** - Must be sponsored by a Lakewood business or community organization. Teams sponsored by a Lakewood business or community organization will require verification from the sponsor in writing, along with the number of valid Lakewood business license or complete name and address of the community organization. Please use the Adult Sports Statement of Sponsorship form (page 5).

#### **CATEGORY C**

**Non-Resident/Non-Sponsored Teams** - Teams not meeting requirements in above two categories.

### **LEAGUE/FEE INFORMATION**

- **MONDAY EVENING NON-OFFICIATED LEAGUE** - Games will be played Monday evenings. Each team will tentatively play ten league games between February 27 – May 1. Games are scheduled for 7:00 p.m. No game officials will be present.  
**FEE: Category A&B Teams - \$70. Category C Teams - \$80**
- **MONDAY EVENING OFFICIATED LEAGUE** - Games will be played Monday evenings. Each team will tentatively play ten league games between February 27 – May 1. Games are scheduled for 6:30, 7:30 and 8:30 p.m. with a 60-minute time limit. Game officials will be present.  
**FEE: Category A&B Teams - \$200. Category C Teams - \$230**

\* **League size is capped for the officiated league. Berths will be awarded on a first-come, first-served basis. Teams registering after the cap has been met will be given the option to register for the non-officiated league instead.**

\* **Players must be at least 16 years of age. Players under age 18 must have a parental waiver signed.** Waiver forms are available on our website or in the Recreation Department at City Hall.

### **REFUNDS**

Request for refunds must be made prior to January 30. Refund checks will be mailed within three weeks following the request. A \$25 administrative fee will be charged to process any refund requests. A full refund will be given in the event the league is cancelled by the City prior to the starting date.

### **REGISTRATION PRIORITIES AND DATES**

- A. Lakewood resident and Lakewood sponsored teams may register beginning Monday, January 9, 2017. All properly registered teams accepted prior to 4:00 p.m. Friday, January 20, 2017, will be guaranteed berths.
- B. Registration will begin for Non-resident/Non-Lakewood sponsored teams and continue for Lakewood resident and Lakewood sponsored teams Tuesday, January 17, 2017, at the Recreation Office on a first-come, first-served basis until the league fills\*, or until Friday, January 20, 2017.

\* If the league is filled prior to close of registration, teams submitting rosters will be placed on a waiting list. If the league can accommodate additional teams, managers on the waiting list will be contacted to be added to the league and pay registration fee.

## **REGISTRATION PROCEDURE**

To register, each team must submit the following:

1. Official **Spring 2017** Roster and Waiver form with name, address, phone number and **signature** of each team member, and Volleytennis Classification Information form.
2. Fee: Cash, credit card or one check for the entire amount made payable to City of Lakewood.
3. Proof of residency, if applicable.
4. Proof of sponsorship, if applicable.

Registration may be brought to the Recreation Office at Lakewood City Hall, 5050 Clark Ave., Monday through Thursday, 7:30 a.m. - 5:00 p.m.; working Fridays, 7:30 a.m. – 4:30 p.m. or mailed to Department of Recreation and Community Services, P.O. Box 158, 5050 Clark Avenue, Lakewood, CA 90714-0158.

Mailed registration will be processed at the conclusion of the first eligible day it is received. If you decide to mail-in your registration, please call the Recreation Department (562) 866-9771, ext. 2408 to confirm we have received your registration and that we still have league openings.

**NOTE:** We regret we are unable to make photocopies for you. A copy machine for public use is available at the Iacoboni Library, south of City Hall.

## **ROSTERS**

All rosters must have at least six players and not more than twelve players. Roster changes will be limited as follows:

1. Once the roster has been submitted, each team may make up to three additions/deletions to the roster.
2. Additional changes will be charged a \$10.00 administrative fee each.

Each player must sign the Official Roster and Waiver form as a waiver for eligibility to play in the program. Rosters must contain complete name, address and phone number of all players. Incomplete rosters will not be accepted.

**Warning: Forged signatures will lead to your team's dismissal from the league.**

**NOTICE: Every team is required to submit an original roster. NO EXCEPTIONS. To assist in placing teams in the appropriate division, please remember to complete the Volleytennis Classification Information form (page 3).**

## **LEAGUE SCHEDULE**

Games are tentatively scheduled to begin February 27. Games will be played on Monday nights. Non-officiated league games will begin at 7:00 p.m. Officiated league games will begin at 6:30, 7:30 and 8:30 p.m.

**VOLLEYTENNIS CLASSIFICATION INFORMATION – Spring 2017**

**TEAM NAME:** \_\_\_\_\_

Please indicate which league you are registering for:

OFFICIATED

NON-OFFICIATED

Has this team played in the Lakewood program in the past year?

YES

NO

If Yes: (please circle)

Fall 2016

Summer 2016

Team Name:

\_\_\_\_\_

\_\_\_\_\_

In which division do you feel your team will be most competitive?

Top \_\_\_\_\_

Middle \_\_\_\_\_

Bottom \_\_\_\_\_

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**MANAGER INFORMATION:** This Department of Recreation and Community Services receives many inquiries from players wishing to join adult volleytennis teams. If you would like your name and phone number released as being a manager to an inquiring player, please indicate below. If you prefer, you may choose for us not to release your name and number.

**Please provide E-Mail Address for City of Lakewood's Use Only** \_\_\_\_\_

I do not have access to an e-mail address

\_\_\_\_ **YES**, my name and phone # may be released to prospective players.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_ **NO**, please do not release my name or phone number information.

\_\_\_\_\_  
Manager's Signature

# OFFICIAL ROSTER & PLAYER WAIVER - Spring 2017

## WOMEN'S VOLLEYTENNIS



Team Name: \_\_\_\_\_

**For Official Use:**

WVT No. \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_  
 Cash:  Ck:  # \_\_\_\_\_  
 Visa:  MC:   
 Res. Spon. Non-Res.  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_

\*Type or print clearly, the name of each player in the first column. Each player must personally sign in the second column. PHOTO COPIES NOT ACCEPTED.

**IMPORTANT: READ BEFORE SIGNING:**

I, the undersigned, fully understand that my participation in the city activity(ies), (hereinafter "volleytennis") exposes me to the risk of property damage, personal injury or death. I hereby acknowledge my voluntary participation in volleytennis and agree to assume any such risk. I hereby release, discharge and agree not to sue the City of Lakewood its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in volleytennis from whatever cause, including the active or passive negligence of the City of Lakewood, its officers, employees and agents or any other participants in volleytennis. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in volleytennis, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Lakewood, its officers, employees and agents from any and all claims, demands, actions, or suits arising out of or in connection with my participation in volleytennis. I also understand that from time to time City representatives may photograph and videotape City recreation programs and participants. By signing this form, I authorize the City to use or publish any images taken by the City showing my participation. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PLAYER'S NAME (PLEASE PRINT)	PLAYER'S SIGNATURE	ADDRESS (PLEASE PRINT)	CITY & ZIP CODE (PLEASE PRINT)	PHONE # (PLEASE PRINT)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**I understand all roster provisions including the restriction which limits making additions. I hereby verify that all information above is accurate and that all signatures are authentic and representative of the person described.**

\_\_\_\_\_  
 Manager's Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 email address

\_\_\_\_\_  
 Assistant Manager's Name (please print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 email address



**ADULT SPORTS  
STATEMENT OF SPONSORSHIP**

Dear Recreation Supervisor:

Please acknowledge the sponsorship of the below-named team by this Lakewood business or organization.

<b>Business or Organization</b>	<b>Lakewood Business License Number</b>
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<b>ADDRESS:</b> _____ Street Number	_____ Street Name
--	----------------------

_____ City	_____ Zip Code
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**PHONE:** (    ) \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

\*\*\*\*\*

**TEAM NAME:** \_\_\_\_\_

**MANAGER:** \_\_\_\_\_