

Medford Parks & Recreation

2010 Spring

Indoor Volleyball Registration Guide



Register by Thursday, March 18

League Commissioner:

Brandon Meyer

774-2482

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Creating Healthy Lives, Happy People and a Strong Community

About the Medford Parks & Recreation Indoor Volleyball League

The indoor volleyball program is one of the oldest and largest organized adult sports leagues in Medford. Many of our city-league teams have been together for years because the sport of volleyball helps promote friendship, fun and fitness.

Registration

Team cost is \$75. Volleyball team registration is conducted on a first-come, first-served basis. Registration ends Thu., March 18 at 5 p.m., or when leagues reach maximum enrollments. Do not wait until the last minute to register! If a league fills prior to the deadline, a wait list will be kept as a courtesy in the event of cancellations.

Each team must submit a Signup Form and pay the league fee in full. Registration fees must be paid in full in order to secure league placement. MPRD accepts cash, checks, money order, debit card or Visa/MasterCard.

Register in person at the Parks and Recreation Department located at the Santo Community Center, 701 N. Columbus. Mail registration and payment information to Parks and Recreation, 701 N. Columbus Ave, Medford OR 97501, or fax the Signup Form to 774-2560 and call 774-2400 with Visa/MasterCard information.

League Structure

League structure is based on overall team skill and intensity levels. When registering, please specify a league. We make every effort to honor requests, but circumstances may arise that prevent desired placement. Past performance is also considered during league set-up.

League Name	Game Day	Start Time	Capacity
Co-Ed "A"	Tuesday	8 p.m.	6 teams
Co-Ed "B"	Thursday	8 p.m.	18 teams
Co-Ed "C"	Tuesday	8 p.m.	12 teams
Co-Ed "C"	Thursday	6:30 p.m.	18 teams
Women's "A"	Tuesday	6:30 p.m.	6 teams
Women's "B"	Tuesday	6:30 p.m.	12 teams

Season Duration and Protocol

Matches begin Tue., March 30 and end in May. All matches are played at McLoughlin Middle School or at the Santo Community Center Gym.

Each team plays two matches per night. Each match consists of two rally-scoring games to 25 (must win by two). Teams call their own infractions. Teams are asked to assist in the set-up or take-down of volleyball equipment. Top-placing teams (based on overall games won) receive pizza certificates as awards.

General USVBA rules along with special Medford Parks and Recreation modifications govern play. The minimum age for players is 18. However, two players per team may be a high-school student (if a parent or legal guardian signs the team roster or liability waiver form).

Rules and standings are posted at www.sportsmedford.com.

Team Captain Meeting

Team rosters are due at the team captain meeting. Meeting will be held March 23rd, 6pm at Wild River Pizza.

OFFICIAL USE: League Fee \$ _____ Other \$ _____ Total \$ _____ Receipt # _____

SAMPLE

A. John Doe
Player Name

1234 Medford Drive
Residence Address (No P.O. Box)

Medford OR 97501
City, Zip

b. _____
Signature

doe@server.net
e-mail address

774-2400
Day phone

774-5555
Home phone

321-5555
Cell phone

Year _____ Sport _____ League _____ Team Name _____

Mgr's Name _____ Mailing Address _____ City _____ Zip _____

Please e-mail all league correspondence to: _____ Cell phone: _____

Home Phone _____ Day/Work Phone _____ Last Year's Team Name _____

WAIVER OF LIABILITY (all participants must sign): In consideration of the acceptance of my entry in this activity, I, the undersigned, having fully informed myself of the risks involved, FREELY AND VOLUNTARILY AGREE TO ASSUME ALL RISKS incident to or arising from my participation in this activity. I attest and verify, having full knowledge of my physical condition and limitations that I am physically fit and have sufficiently trained for my participation in this activity. I further WAIVE AND RELEASE for myself, my heirs, assigns, executors and administrators the City of Medford, it's officers and employees, from any and all claims for damages or injury, known or unknown, that I may have against them incident to or arising from my participation in this activity. I will also assume and pay my own medical and emergency expenses in the event of accident, illness, or other incapacity incident to or arising from my participation in this activity and consent to emergency medical care provided by ambulance or hospital personnel. **JUVENILES:** Parents signature must accompany yours.

1. () A. _____

b. _____

2. () A. _____

b. _____

3. () A. _____

b. _____

4. () A. _____

b. _____

5. () A. _____

b. _____

6. () A. _____

b. _____

7. () A. _____
b. _____
8. () A. _____
b. _____
9. () A. _____
b. _____
10. () A. _____
b. _____
11. () A. _____
b. _____
12. () A. _____
b. _____
13. () A. _____
b. _____
14. () A. _____
b. _____
15. () A. _____
b. _____
16. () A. _____
b. _____