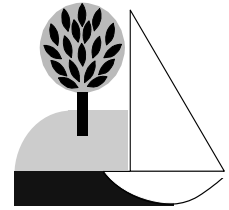


**City of Foster City
Parks and Recreation Department
Sports Division**



2006 Adult Summer Volleyball League

Foster City would like to thank you for your interest in our upcoming season. The Foster City Adult Summer Volleyball season will start in July and end in October. Summer is a 10-match season with the top four teams making playoffs. We have provided all information to make registration easier for you. Registration deadline is **5:00 pm Thursday, July 6, 2006.**

League Information

Season Dates: Wednesdays, July 19 – October 11
 Location: Brewer Island Gym, 1151 Polynesia Dr., F.C.
 Game Times: 6:30, 7:30, and 8:30 pm
 Teams: 7 Teams per division
 League Fees: \$410 per team
 Manager Meeting: Wednesday, July 13 @ 7:00pm
 Foster City Community Center

TO APPLY:

Complete league application and official team roster and submit with fees to the Foster City Parks and Recreation Department:

Library Community Center 1000 E. Hillsdale Blvd. Foster City , CA 94404	Foster City Recreation Center 650 Shell Blvd. Foster City, CA 94404
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(Please make checks payable to the City of Foster City)

LEAGUE DESCRIPTIONS: There will be two leagues on Wednesday night (“C” and “B”)

Wednesday “C” League	Intermediate recreational play. (6 players)
Wednesday “B” League	High Intermediate experienced play. (6 players)

PRIORITY:

Teams will receive 1 point for each Foster City Resident on its roster, 2 points for each non- resident who works in Foster City (provide business card), 2 points for each season the team has been in the Foster City league. The teams with the most points will be accepted into the league. **Please note on Roster.** Registration is first come, first serve after the registration deadline, provided there is still space available.

PROOF OF RESIDENCY:

All Foster City residents must have proof of residency. The only proof of residency accepted will be a copy of a VALID California Driver's License. If the address on the license has been crossed off and a new address is on the back, a DMV stamp must be on the back of the license. If a player does not have a driver's license, the only other item that will be accepted as proof of residency is a copy of a DMV identification card.

ROSTERS:

1. **NOTE: All players must sign the roster/waiver.**
2. Coed teams must carry a minimum of 6 players and a maximum of 10 players on their roster.
3. Players may only be added or dropped before the fifth league game.
4. Players may only participate on one team in Foster City.

MANAGERS MEETING:

A **MANDATORY** Manager's meeting will be held at the Foster City Library Community Center, 1000 East Hillsdale Blvd on **Thursday, July 13 at 7pm.** League Rules will be covered and all managers are responsible for knowing the league rules. Schedules will also be distributed at this meeting. The team manager is responsible for picking up schedules.

LEAGUE DIRECTOR :

- The League Director shall:
1. Determine the number, classification and type of leagues offered.
 2. Shift teams from one league to another in order to provide a more balanced league.

GENERAL INFORMATION

The next season to be held is the 2007 spring season, which will begin in late March. If you do not receive the registration information by mid January, call us at 286-3392. **Always notify the Recreation Department if you move so that we can keep our mailing list up to date. If you wish to have you name deleted from our mailing list, please call us.**

For more information, please call Foster City Recreation at 286-3392.



City of Foster City
Parks and Recreation Department
Sports Division



2006 Adult Summer Volleyball Team Application

Please rank your league placement in numerical order. (e.g., put "1" by your first choice and "2" by your second choice etc.). Use one entry form for each team.

_____ Wednesday "B" League

_____ Wednesday "C" League

Team Name _____

Manager's Name _____ Phone (H) _____ (W) _____

Address _____ City _____ Zip _____

E-Mail _____

Asst. Manager's Name _____ Phone (H) _____ (W) _____

Address _____ City _____ Zip _____

E-Mail _____

Has this team played in Foster City League before? Yes _____ No _____

If yes, how many seasons? _____

I hereby request placement of the above-named team in City of Foster City Adult Volleyball League. I understand that all participants on this team will abide by all rules and regulations set by the City of Foster City Parks and Recreation Department. I realize that any falsification of roster or failure to follow league rules may result in the above-named team and its players being dropped from the activity, and forfeiture of all fees paid. I realize that once my team has registered and been accepted in the league, that I risk forfeiting fees paid if the team drops out of the league.

I hereby certify that the above information is correct and understand that the League Director has the right to put my team in an appropriate league.

Manager's Signature _____ Date _____

City of Foster City
Parks and Recreation Department
Sports Division

ADULT VOLLEYBALL ROSTERS & WAIVERS

TEAM
NAME _____ LEAGUE _____

MANAGERS NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the volleyball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment and other participants.
3. I understand that the very nature of the game of volleyball is hazardous and risky, including, but not limited to, the acts of blocking, serving, spiking, running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the facilities arranged for by the team or leagues:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated above, the facility owner or other entity designated above, The City of Foster City or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field for any claim, damages, cost or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released.

I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.

MANAGER'S SIGNATURE _____ DATE _____

READ AND SIGN! HAVE PLAYERS READ FRONT AND SIGN BACK!

**CITY OF FOSTER CITY
ADULT VOLLEYBALL LEAGUE ROSTER & WAIVER**

	NAME	SIGNATURE	ADDRESS	CITY	ZIP	HOME PHONE	WORK PHONE	AGE
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

READ AND COMPLETE BOTH SIDES OF THE WAIVER