

2025 Summer Sand Volleyball Co - Ed Recreation League

LEAGUE INFORMATION

Summer is almost here and we can hardly wait! Attached you will find the "league packet" of information about our 2025 Summer Volleyball Season.

Important notes:

The cost per team is \$100, which must be paid in full when you turn in your registration form. This form is due no later than May 15th, 2025. Management and bartenders will take your payment and initial that it has been received. Payment may be either; cash, check, or credit card.

The Official Team Roster is due before your first game. You must have at least 6 players on your roster when it is turned in, you may have up to 12 players on your official roster.

The "Waiver and Release" form must be signed by all players before they may play. This is due before the first game.

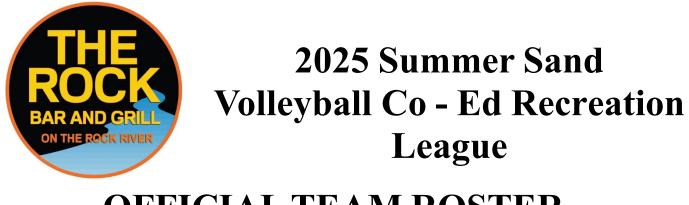
All rosters and forms will be kept in a binder behind the bar. If you need to add a player or have a player sign a form you must ask one of the staff to assist you. ALL PLAYERS MUST BE ON THE OFFICIAL ROSTER AND HAVE SIGNED THE WAIVER AND RELEASE FORM BEFORE THEY ARE ALLOWED TO PLAY.

SEASON DATES: DATE: THURSDAY NIGHTS TIMES: 6:00 / 7:00 / 8:00 / 11 9:00 LENGTH: week season starting June 5th going through August 8th.



2025 Summer Sand Volleyball Co - Ed Recreation League Registration Form

Team Name: PREFERRED TIME SLOT:			
Team Captain:	(no guarantees to preferred choice)		
Captain's Contact Information:			
Cell Phone:	Home Phone:		
Email:			
\$100 PER TEAM DUE I	N FULL AT TIME OF SIGN - UP		
\Box CASH \Box C	CREDIT CARD		
PAYMENT RECEIVED BY :	DATE OF PAYMENT:		
CUT AND RETURN TO TEAM CAPTAIN:			
\$100 PER TEAM DUE I	N FULL AT TIME OF SIGN - UP		
CASH CRED	IT CARD		
PAYMENT RECEIVED BY :	DATE OF PAYMENT:		
IMPORTANT:			
BUT, 15-17 YEAR-OLDS MUST	UST BE AT LEAST 15 YEARS OLD. BE ACCOMPANIED BY A PARENT OR EXCEPTIONS ALLOWED.		



OFFICIAL TEAM ROSTER

Each team may include up to 12 players. Only players on the official roster form are allowed to be on the courts. Any exceptions in case of an emergency and any roster changes throughout the season must be cleared before the next game begins. Each team member, including subs, must sign the "Waiver and Release" form before he or she is allowed to participate. Every team member must be at least 15 years old in order to play. 15-17 year-olds must be accompanied by a parent or guardian. No exceptions.

Team Name:
Team Captain:
Team Members:
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12.)



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WAIVER AND RELEASE OF ALL CLAIMS

Each player must sign their own signature.

This signature is for both the Roster and the Waiver and Release of All Claims form.

Please read this information carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this league.

LEAGUE:

DATE:

TEAM NAME:

As a participant, I agree to obey all rules and regulations.

As a participant in the league, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected or associated with: The Rock on the River.

I agree to waive and relinquish all claims I may have, as a result in participating in the league, against all sponsors and its officers.

I do, herby, fully release and discharge The Rock on the River, its officers and its sponsors from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of participation in the league.

I further agree to indemnify and hold harmless and defend The Rock on the River, its Directors, and its sponsors from any and all claims form injuries, including death, damage, or loss which I may have or which may accrue to me on account of participation in the league.

I have read and fully understand the above league details and Waiver and Release of All Claims. Before Registration in the league is valid, this waiver and release of All Claims must be signed by all team participants.





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PLEASE PRINT LEGIBLY

PREFERRED TIME SLOT: ___________________________________(no guarantees to preferred choice)

SPONSOR: _____

CAPTAIN'S NAME: _

ADDRESS:

We, the undersigned, herby acknowledge that each of us has read the Waiver and Release form, and each of us individually, hereby agrees to be bound by the terms of the said Waiver and Release.

	Print Name	Address	Phone	Signature	Date
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