



CITY OF
PICKERINGTON

Parks and Recreation • 100 Lockville Road, Pickerington, OH 43147 • ph: 614-833-2211 • fax: 614-833-2201 • www.pickerington.net

August 17, 2018

Dear Sunday Co-Ed Volleyball Managers,

Enclosed is a Returning Team Application for the 2018 – 2019 Sunday Co-Ed Volleyball League. Completed application and \$300 entry fee paid in full are due by **Thursday, November 1**. In order to hold your spot in the league as a returning team, please return at least the Returning Team Application by **Friday, September 28** in order to hold your spot in the league. Payment is still due by Thursday, November 1. Please make checks payable to City of Pickerington.

Mail to: Parks and Recreation Department
100 Lockville Road or gpearce@pickerington.net
Pickerington, Ohio 43147

* Please note that new teams will be added immediately after the deadline.

Our league format will include an eight to ten match regular season (depending on league size), and a single-elimination tournament for the top four teams. A team plaque will be awarded to the tournament champions.

The League will consist of 6 – 8 teams, unless otherwise noted by the Parks and Recreation Department.

League play will begin Sunday, December 2, at the Pickerington High School Central Field House. Approximate match times will be 1:00pm and 2:00pm (3:00pm and 4:00pm if needed).

League schedule will be sent out the week of November 12. Completed rosters must be submitted by Wednesday, November 21.

Please call the Parks and Recreation Department at 614-833-2211 if you have any questions regarding our Sunday Co-Ed Volleyball League.

Sincerely,

Rebecca Medinger

Rebecca Medinger
Parks and Recreation Director

Greg Pearce

Greg Pearce
Recreation Coordinator



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2018 - 2019 Sunday Co-Ed Volleyball Returning Team Application

Office Use Only

Received Date _____ Cash _____
Approved By _____ Credit Card _____
Total Paid _____ Check # _____
Receipt Number _____

Team Name _____
Team Manager's Name _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Cell) _____ (Work) _____
Email (Required) _____

Comments or Suggestions

\$300 entry fee is due by Thursday, November 1.

*Make checks payable to City of Pickerington

Mail to: Parks and Recreation
100 Lockville Road
Pickerington, OH 43147

*League schedule will be sent out the week of November 12.

*Rosters are due by Wednesday, November 21. League begins Sunday, December 2.

Waiver for Applicant

In consideration of permission granted to me or my child to engage in recreational activities and reservations, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge the City of Pickerington, its employees, public officials, agents, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on City of Pickerington premises and/or during City of Pickerington sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the City of Pickerington harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. The City of Pickerington reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature _____ Date _____

Payment Method: _____ Cash _____ Check Number _____ Credit Card - Please bill my (circle one): MC or VISA

Name of Cardholder _____ Account Number _____ Expiration Date _____ CVC Code _____

Cardholder Signature _____ Date _____