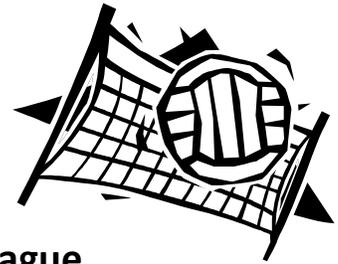




**City of San Ramon
Parks & Community Services
Sports Division
Registration Information**



2017 WINTER Adult Co-ed Volleyball League

Thanks for your interest in our Coed Volleyball League! The City of San Ramon offers Recreational Coed Volleyball Leagues year around: Winter, Spring, Summer, and Fall. This packet lists information for our 2017 Winter Season. **YOU MUST SUBMIT REGISTRATION PAPERWORK (TEAM APPLICATION, ROSTER, AND PAYMENT) IN ORDER TO REGISTER A TEAM. Registration ends on Thursday, December 15, 2016.**

League Information

LEAGUES:	Coed B Recreational Advanced	Coed C Recreational Intermediate	Coed D Recreational Novice
ACTIVITY #:	100428	100429	100430
SEASON DATES:	1/10/2017 – 3/21/2017*		
LOCATION:	Iron Horse Community Gym (12601 Alcosta Blvd.)		
NIGHT:	Tuesday		
GAME TIMES:	6:45pm, 7:45pm, 8:45pm*		
# of GAMES:	10 Games – Teams may have double-headers and/or BYE's		
MAX. # of TEAMS:	6 per league		
EARLY BIRD REG. FEE 11/16 – 12/7/2016	\$425 Resident Team/\$478 San Ramon Sponsored Team/\$531 Non-Resident Team		
REGISTRATION FEE after 12/7/2016	\$475 Resident Team/\$528 San Ramon Sponsored Team/\$581 Non-Resident Team		

* Dates and times are subject to change.

LEAGUE FEES:

Fees are shown in the following order:

Resident Team / San Ramon Company Sponsored Team / Non-resident Team

- A **resident** team may have no more than 4 non-resident players.
- A **San Ramon company sponsored team** must have the entire payment come from a company check.
- All other teams are **Non-resident teams**.

<u>REGISTRATION:</u>	WINTER
Opens (ALL TEAMS):	Wednesday, November 16, 2016
Closes:	Thursday, December 15, 2016

**Registration is on a first come, first serve basis.

TO APPLY:

Team Managers must submit the following:

1. Adult Volleyball Team Application (page 3).
2. An official team roster (page 4) with all player signatures and information.
3. League Fee (see above)

SUBMIT PACKET:

Managers may use the following methods to submit registration packets:

1. **In-person** - San Ramon Community Center (12501 Alcosta Blvd), Monday – Friday, 8:30am-5:00pm (Cash, Check, Credit)
2. **By Fax** – All items must be included in the fax, as well as payment (Credit Card ONLY) – Go to the following link to download the Fax Payment Form: <http://www.sanramon.ca.gov/Parks/PDF/recguide/reg.pdf>
3. **By Mail** – Send all registration items to 12501 Alcosta Blvd, San Ramon, CA, 94583 (Payment by Check ONLY) – Call 973-3200 to confirm registration items were received.

ROSTERS:

1. **NOTE: All players must sign the roster/waiver.**
2. All rosters must be complete.
3. Teams must carry a minimum of 8 players and a maximum of 15 players on their roster. Players MUST be 18+.
4. Players may be added or dropped through the 6th week of the 10 game seasons.

MANAGERS MEETINGS:

In lieu of a Managers meeting, the league director will be available to address your questions. Make an appointment or simply meet with him before your first game. All managers will be responsible for knowing all of our league rules and policies. Schedules will be distributed via email or pick up at IH Gym Administration offices.

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.

NOTE: A player can only play on one volleyball team **per league** in San Ramon.

GENERAL INFORMATION

The next season held will be the 2017 Winter Season which will begin in January. If you do not receive the registration information by January or wish to have your name deleted from our mailing list, please call us at (925) 973-3261 or email Troy Faulk at tfaulk@sanramon.ca.gov.



SAN RAMON PARKS & COMMUNITY SERVICES

Creating Community through People, Parks, Partnerships & Programs

(925) 973-3200

www.SanRamon.ca.gov

Fax (925) 830-5162



City of San Ramon
Parks and Community Services
 Sports Division



2017 Adult Volleyball Team Application

Please indicate the leagues you would consider your team to play in.

WINTER

_____ Coed B Act. # 100428	_____ Coed C Act. # 100429	_____ Coed D Act. # 100430
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LEAGUE FEES

_____ Resident Team \$425/\$475*	_____ San Ramon Sponsored Team \$478/\$528*	_____ Non-Resident Team \$531/\$581*
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**Registration fees received after December 15, 2016.*

Team Name: _____

Manager's Name: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Address: _____ **City:** _____ **Zip:** _____

E-Mail Address (Required): _____

Asst. Manager's Name: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Address _____ City _____ Zip _____

E-Mail Address (Optional) _____

Did this team play in a league last year? Yes _____ No _____

If Yes: Where: _____ Level: _____ Record: _____

If played in San Ramon, how many seasons? _____

I hereby request placement of the above-named team in City of San Ramon 2017 Adult Volleyball League. I understand that all participants on this team will abide by all rules and regulations set by the City of San Ramon Parks and Community Services 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 if my team has registered been expected in the league, and then drop out of the league I risk forfeiting fees pay.

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 San Ramon Parks & Community Services Department - Sports Division
ADULT VOLLEYBALL WAIVER & PLAYER ATHLETIC CONTRACT

TEAM NAME: _____ LEAGUE: _____

MANAGER'S NAME _____ PHONE(H) _____ (W) _____

ADDRESS _____ CITY _____ ZIP _____

Player Waiver, Release of Liability and Indemnification Agreement

I agree to adhere to the rules and regulations of the City of San Ramon Parks and Community Services Department Adult Sports Leagues and abide by the Player Code of Conduct.

I, the undersigned, understand that there is an inherent risk of injury in programs that I may participate in and in further consideration of participation in the City of San Ramon Parks and Community Services Department Adult Sports Leagues, agree that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assignees:

To defend, indemnify and hold harmless the City of San Ramon, its officers, employees, affiliates, or agents, the Amateur Softball Association, its officers, employees, or agents, from and against any and all claims, liabilities, losses, damages, costs or expenses, and release the City, its employees, elected officials, volunteers, and agents and the Amateur Softball Association, its employees, elected officials, volunteers, and agents from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above, arising from, or in any way connected with my participation.

I have read, understand and voluntarily sign this agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

MANAGER'S SIGNATURE _____ DATE _____

READ ABOVE AND COMPLETE THE WAIVER BELOW

	PRINT NAME	SIGNATURE	ADDRESS	CITY	ZIP	PHONE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
14						
14						
15						

ALL PLAYERS MUST AGREE TO AND SIGN THE WAIVER TO BE ELIGIBLE TO PARTICIPATE IN THE ADULT VOLLEYBALL PROGRAM.