



## High School Summer Volleyball League

**Who:**

Varsity Division: HS Varsity level players

JV Division: 9<sup>th</sup>-10<sup>th</sup> graders and/or experienced JO Middle School players

**What:**

A 6 week volleyball league. Two matches per night. Best 2/3 (3<sup>rd</sup> game to 15). Refs provided. Players can coach themselves or bring a coach.

Players can be from same school or different schools. Roster limited to 10 players maximum. Teams only. No individual registrations.

**Where:**

Ohio Nets Sports Complex, 12665 Corporate Drive, Parma, Ohio 44130

**When:**

The league begins June 4<sup>th</sup> and runs thru July 9<sup>th</sup>. Matches will be played between 6-10pm every Thursday evening. Games at 6, 7, 8 and 9pm.

**Registration:**

Fill out and send attached registration form with \$325 (checks payable to CVC) to CVC at 12665 Corporate Drive, Parma, Ohio 44130. Each player must submitted a completed waiver prior to playing on first league night.

Team Name: \_\_\_\_\_

Team Shirt Color : 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

(Color choice not guaranteed)

Division: (circle one)    Varsity        JV

Name	Player	Grade	School	T-shirt Size
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

# Summer League Registration/Waiver:

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (city) (zip)

**Home Phone:** ( ) \_\_\_\_\_ **Parent's cell:** ( ) \_\_\_\_\_

**Parent's email:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade: (Fall '09)** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Team Name:** \_\_\_\_\_

## Waiver / Exclusionary Clause

I, the undersigned parent/guardian, in enrolling at Ohio Nets Sports Complex (ONSC), understand that he/she, in attending any program and using the facilities, does so at his/her own risk. Cleveland Volleyball Company (CVC), ONSC, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she does hereby fully and forever release, discharge, and hold harmless CVC, ONSC, and all associated facilities, and its associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she agree(s) to follow the rules of play and conduct set by CVC and ONSC. He/she understand(s) that failure to do so may result in suspension from participation.

\_\_\_\_\_  
(Participant's Signature) (Date) (Parent's Signature) (Date)

I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the volleyball/basketball program, including but not limited to, promotion of future events or other promotional use.

Consents: I, the undersigned parent/guardian of:

-----do hereby grant authority to the staff of Ohio Nets Sports Complex to render  
(Participant name-printed)  
a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

\_\_\_\_\_  
Signature of Parent or Guardian (Date)