



Recreational Authority of Roseville-Eastpointe
18185 Sycamore, Roseville, MI 48066
586-445-5480
www.rare-mi.org

July 24, 2018

To: 2018/2019 Volleyball Managers
From: Bobbie Wilson, Assistant Director
Re: Registration – Volleyball

Plans are already being made for the 2018/2019 Volleyball season. Please note the following:

<i>Team Registration Fee:</i>	<i>\$250.00 (officials not included)</i>
<i>Registration Deadline:</i>	<i>November 2nd or until filled</i>
<i>Nonresidents Allowed:</i>	<i>Unlimited Number</i>
<i>Game Nights:</i>	<i>Wednesdays, beginning Early December</i>
League Minimum:	4 teams
League Maximum:	9 teams

Please Note: Enclosed is a copy of our player roster form - if filled out correctly, this should be the only form your team will need to complete for the upcoming season. **All players must fill in their name, address, phone, date of birth, driver's license, and read and sign the roster/waiver form.** Please be aware that player signatures will be verified throughout the season.

Should you have any questions or concerns, please do not hesitate to contact me at (586) 445-5480. We look forward to seeing you again this season.

RECREATION AUTHORITY of ROSEVILLE and EASTPOINTE
18185 SYCAMORE, ROSEVILLE
(586) 445-5480

TEAM ENTRY FORM

TEAM NAME _____

MANAGER _____ DAY PHONE _____ EVENING PHONE _____

ADDRESS _____ CITY _____ ZIP _____

ASST MANAGER _____ DAY PHONE _____ EVENING PHONE _____

ADDRESS _____ CITY _____ ZIP _____

The information provided is true and correct. As manager I agree to accept the responsibilities listed in the Recreation Authority of Roseville and Eastpointe Rules and Regulations for Competitive Leagues. I shall acquaint my team members with these rules and regulations. I shall forward all necessary league information to the team members and further agree to cooperate with Recreation Authority personnel and accept their decisions as final.

SIGNATURE OF TEAM MANAGER DATE

OFFICE USE ONLY

() SPONSOR FEE PAID

() ROSTER SUBMITTED

DATE _____

DATE _____

TEAM ROSTER

TEAM NAME _____

MANAGER _____ ADDRESS _____

PHONE _____
Day Evening

ASST MANAGER _____ ADDRESS _____

PHONE _____
Day Evening

PLEASE PRINT

NAME	ADDRESS (Street, City, Zip)	TELEPHONE	BIRTHDATE	PLAYER SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

PLEASE READ BEFORE SIGNING: I hereby agree to play with this team for the present season or until I have been regularly released. I am eligible to participate and will abide by the rules and regulations of the Parks and Recreation Department. I hereby agree to release, discharge, indemnify and save the Roseville-Eastpointe Recreation Authority and their agents and employees harmless from any and all liability claims, damages, and causes of action of whatever kind or nature for injury or damages to myself or my property which may arise or which may result directly or indirectly from participating in the activity for which this contract is submitted. This release applies to, but is not limited to, acts or omissions of other players, managers, officials, and groundskeepers, and applies to, but is not limited to, the condition of the playing area and other property.