



# Adult Coed Volleyball League



*Sunday Evenings Beginning July 11th*

*James T. Beaumont La Grange Community Center*

*\$140 per team*

- *League provides 9 matches plus a single-elimination tournament.*
- *Match times: 5:00, 5:45, 6:30, 7:15, 8:00, 8:45.*
- *Teams play with 6 players. You may play with 5, but you must have 3 female & 2 male on the court.*
- *Maximum of 10 players on roster. All rosters are due prior to first match. Players must read and sign the participant waiver. After the regular season, teams may add one player prior to the tournament.*
- *Men spike from behind 10 ft line only.*
- *If the ball contacts more than one player, it must contact a female before going over the net.*
- *Full rules and roster form will be provided to team captain.*
- *Tourney Champ receives up to 11 T-shirts.*

Complete & return bottom half of form with check

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

**Phone Number:** \_\_\_\_\_ **Is Text OK?:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

By accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Adult Coed Volleyball League, the city of La Grange, KY, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my team's participation in this league, even though that liability may arise out of negligence or carelessness on the part of the persons named in the required waiver.

In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes.

**Signature & Date:**

**Parent's Signature if under 18 years & Date:**

Make \$140 check payable to: City of La Grange

Mail To:  
 La Grange City Hall  
 307 W, Jefferson St  
 La Grange, KY 40031  
 502-222-1433