

2021 Grace CMA / P.H.B.C. / Christ Church Coed Volleyball League Sign-up Information

- 1) League play begins Thursday, January 7, 2021, and continues on Thursdays through April 29, 2021 (including playoffs).
- 2) Participants must be at least 16 years of age. (Unless you are granted permission by the league coordinators and have had at least 2 years of competitive volleyball experience and spots are available.)
- 3) Every participant must fill out and turn in to their team captain by the first match the second page of this document, entitled “**Activity Participation Agreement for Volleyball**”, along with the proper signatures at the bottom (including parents and guardians if under age 18) to be eligible to play.
- 4) Matches will be played at either:
 - a. Grace Church - 7393 Pearl Rd, Middleburg Heights, OH 44130
 - b. Parma **Heights** Baptist Church - 8971 Ridgewood Dr., Parma Hts., OH
 - c. Christ Church - 23080 Royalton Rd, Columbia Station, OH 44028
 - d. Parma **Park** Church of God - 12000 Huffman Rd, Parma Hts., OH 44130
 - e. Bethel Temple - 12901 West Pleasant Valley Rd., Parma, OH
 - f. North Olmsted Evangelical Friends Church - 5665 Great Northern Blvd, North Olmsted, OH 44070
- 5) Matches will be held from 6:30-10:45pm, and match times will vary each week.
- 6) Teams from Grace Church will be formed by placing individuals on teams and balancing team’s strength as much as possible. This approach has proved to enhance the playing experience of all participants.
- 7) Players who attend Grace Church will be asked to accurately assess your volleyball skill level and register on-line at www.GraceCMA.org/VB on the right side of the screen. This will help ensure placement on a team within a division that best suits your ability. If you are new to the league and desire to play in the "A", "BB" or “B” divisions, you must be evaluated during the month of November, before you would be allowed to play in these divisions. Again, this approach allows us to balance teams and enhance the playing experience of all participants.
- 8) Teams from churches other than Grace, may sign up by contacting Gregg Carrick at Gregg.Carrick@GraceCMA.org . We will assess what division is best suited to your church team’s ability.
- 9) Teams should consist of no less than 7 players, and no more than 10 players. We recommend 7-8.
- 10) A team should have at least three women, with two playing on the court at any time.
- 11) As a courtesy to everybody, you are asked to sign up only if you can commit to playing regularly throughout the season.
- 12) The league entry fee is \$30 per person (or \$20/person if you regularly attend a “host” church). This will cover the cost of equipment, a division winning team prize donations to an evangelical outreach organization, any court fees, and a season-end pizza & pop social.
- 13) See the rules, schedule and standings from week to week at www.GraceCMA.org/VB .

For more complete information see our website at www.GraceCMA.org/VB and click on the link for “League Rules”. If you have further questions, contact Walt Schab at [440-231-9546](tel:440-231-9546) or WalterSchabiii@yahoo.com .

Activity Participation Agreement for 2021 Coed Volleyball League

Hosted by Grace Church, Parma Hts. Baptist Church and Christ Church

Activity Information:

Location: Grace C. & M.A. Church in Middleburg Hts.; Parma Heights Baptist Church in Parma Hts.; Christ Church in Columbia Station; Parma Park Church of God in Parma; Bethel Temple in Parma; or North Olmsted Evangelical Friends Church in North Olmsted, OH

League coordinators: Walt Schab 440-231-9546 WalterSchabiii@yahoo.com or Gregg Carrick 440-243-4885 x106

Description of activity: 2021 Adult Co-ed Volleyball League

Dates and time: generally Thursday evenings between 6:30 – 10:45 PM January 7 through April 29, 2021

Participant Information: *(To be completed by participant or authorized guardian, & given to your team captain)*

Name of participant: _____ Birth Year*: _____

Name of parents/guardians (if under 18): _____

Address: _____

Phone: Cell _____ Home _____ Work _____

E-mail: _____

Name of emergency contact: _____

Emergency contact phone- (Day): _____ Telephone (evening): _____

List allergies or medical conditions: _____

Is sponsor authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No

If yes, name of insurer: _____

Policy or group number: _____

Rate your volleyball skill (use rating scale below): _____

Skill Level Guidelines: 1= just beginning to learn; 2= novice recreation player; 3= average recreation player; 4= solid recreation level & can cover the court well; 5= advanced recreational level & can bump & set well; 6= beginning power level player; 7= consistent skills beyond intermediate level and strong athletic play; 8= starter on a "Div. 1 high school team" level (know how to run plays); 9= college team level player; and 10= near pro level).

* Participants must be at least 16 years of age. (Unless you are granted permission by the league coordinator and have had at least 2 years of competitive volleyball experience.)

Participation Agreement

I acknowledge that participation in the activity described above involves risk to the Participant (Participant's parents or guardians also acknowledge this, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Participant and/or ALL parent/guardians agreement if participant is a minor under age 18)