

JV VOLLEYBALL LEAGUE



(Mondays)
June 7 - August 9, 2010
 (no games July 5th)
14 games total

7 weeks of Double Headers

(games will be scheduled back to back as much as possible)

Cost: \$275+tax = \$288.75

Games times between 11am - 2pm



Registration Deadline is May 26, 2010

NO CARRY INS ALLOWED • CONVENIENTLY LOCATED 1 MILE NORTH OF HWY 41 - OFF HWY JJ
 Please fill in registration form below & mail with check or cash to Players Choice of the Fox Cities, LLC
 W3035 Edgewood Trail • Appleton, WI 54913 • 920-731-7529 • www.pcfoxcities.com

Program Description JV Volleyball League Program Date 6-7-2010

Name _____ Date of Birth _____ Age _____ M or F _____
 Parent's Name (for youth) _____
 Address _____ City _____ State _____ Zip _____
 Phone (home) _____ (work) _____ (cell) _____
 E-mail _____

PAYMENT TYPE (Mark below payment type) Make Checks payable to: Players Choice
 Cash Check # _____ Amount of Payment \$ _____

WE DO NOT ACCEPT CREDIT OR DEBIT CARDS - \$40 NSF Fee will be charged for returned checks

CANCELLATION POLICY

Cancellation 48 hours or more prior to program or rental date subject to ½ fee (refund provided in account credit)
 Cancellation within 7 days subject to full fee • Cancellation 47 hours or less prior to program or rental date subject to **NO REFUND**

Waiver must be SIGNED to participate in activities. Children 17 & under need Parent or Legal Guardian signature.

LEAGUE POLICIES AND PROCEDURES

- Teams will need to place a deposit of 50% of the total team fee, one week prior to their respective league start dates, in order to be placed on that leagues schedule.
- Individual fees will be paid in full upon date of registration.
- Schedules will be posted on The Player's Choice website prior to the first weeks games.
- Once schedule is produced, no refunds will be granted.
- All scheduling requests must be made in writing or email one week prior to the leagues beginning. All requests will be taken into account but are not guaranteed.
- Once the schedule has been issued and is on our website The Player's Choice can not change or alter this under any circumstances. If for an unseen reason you are not allowed to play your game, it will be considered a forfeit and no make up game will be allowed.
- If you are unable to play a game please contact The Player's Choice at least 48 hours prior
- Balance of registration fee MUST be paid in full before the second game. Failure to do so will result in a forfeit and your team will not be allowed to participate that evening.
- A complete roster must be filled out; it may be printed off from The Player's Choice website or can be picked up at the front counter. Rosters must be submitted to The Players Choice prior to the first game. You may add and delete from the roster until your third game, after that, the roster is frozen. Please take into account injuries and obligations by your team members.
- A waiver form MUST be filled out by all participants and be on file. This form will only need to be filled out once, as it will be stored on file, and can be used for any activity at The Players Choice. Failure to have a waiver on file can result in an athlete having to sit out of an event.
- A player must have played in one regular season game to be able to play once playoffs/championship rounds have started.
- Fighting or disruptive behavior will result in immediate and potentially permanent suspension from the facility.
- Any teams habitually forfeiting games due to lack of players or no-shows may be removed from league schedule at Player's Choice discretion with no refund.
- All players paying the individual fee will be assigned to teams by The Players Choice. Considerations will be made for special circumstances such as: siblings, carpooling, player positions, etc.
- Captains or team representative must sign registration that they understand and will relay this information to members of their team regarding payment, rosters, waivers, and conduct.

TEAM ROSTER MUST BE FILLED OUT COMPLETELY, SIGNED AND SUBMITTED PRIOR TO THE START OF EACH SESSION. ANY ADDITIONS OR SUBSTITUTIONS MUST BE CLEARED BY THE LEAGUE DIRECTOR PRIOR TO PLAY.

Team Roster/Waiver must be SIGNED by each participant. Children 17 & under need Parent or Legal Guardian signature.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT

In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified, in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I/The minor incur as a result of my participation or that of the minor in the Activity. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Players Choice of the Fox Cities, LLC, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. Also, I waive(s) all rights to any photos taken for use in any Players Choice of the Fox Cities, LLC publication.

Participant's Signature (only if age 18 or over) or Parent/Legal Gardian: _____

Date: _____

1. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

2. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

3. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

4. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

5. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

6. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

7. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

8. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

9. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

10. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____

11. Name (Captain) _____ D.O.B. _____
Address _____ City _____ State _____ Zip _____
E-mail _____ Phone _____
Parents Name _____ Signature _____