

*This is going to be a very quick turnaround as we know you want to continue to play as much as you can. We will continue with the same format as we have been doing.*

**Sunday Women's Volleyball  
Begins Feb 14**

A division is 4's  
B division is 6's

**Tuesday Coed Volleyball  
Begins Feb 9**

A1 & A2 division is Coed\* 4's  
B1 & B2 division are Coed 6's

**Wednesday Coed Volleyball  
Begins Feb 10**

A1 & A2 division is Coed\* 4's  
B1 & B2 division are Coed 6's

*\* Coed 4's = 2 female / 2 male*

**Rosters are due by the last make up game...Tuesday Co-ed league = February 2; Wednesday Co-ed league = February 3; and Women's League = February 7.** Please bring your completed roster to the last night of make ups. Rosters must be filled out completely.

Player names are required (even if they are the same). Contact info. is only needed for new additions.

**Fees** are \$25 per player (8 week session) Player fees are due the first night of the league. Captains will collect all player fees with names associated with the payment and bring to the front desk of the RiverPlex.

*We are still under the 2020 Covid19 State of Illinois restrictions, we have made it to Phase 4.*

*The goal is to minimize interaction as much as possible. Please remind your team that masks will be required at all times until further notice. We will provide hand sanitizer at the check in table.*

**Thanks!**

# RiverPlex Volleyball

**Location: Activity:** Volleyball      **Date:** February - March 2021

**WAIVER AND RELEASE OF ALL CLAIMS:** Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, illnesses, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of injury or illness to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, illnesses, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the District, including its officials, agents, volunteers and employees. In addition, I agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program. Further, in case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

**PHOTO RELEASE:** I hereby consent to the use of my photograph, or that of my minor/child, in Park District brochures, social media, advertisements, etc.

**COVID-19 WELLNESS ASSESSMENT AND RESPONSIBILITIES:** By signing below, I acknowledge that I have conducted a wellness assessment for myself and/or my minor child/ward, and that I and/or my minor child/ward do NOT have, or believe to have, any COVID-19 symptoms, as outlined by CDC and IDPH, and posted at the program/facility location. I understand and agree that, as a program participant, if I or my minor child/ward has had direct contact with individual(s) infected with COVID-19 or exhibit symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, either within 14 days of the program/activity or during the program/activity, I will immediately provide notice of the same to District.

**Group:** \_\_\_\_\_

**Team number:** \_\_\_\_\_

**Print Name**

**Email Address**

**Cell #**

**Signature**

**CAPTAIN**

2

3

4

5

6

**Team Fee Paid \$** \_\_\_\_\_

**Date:** \_\_\_\_\_