

CITY OF SEWARD

WOMEN'S VOLLEYBALL 2024 (3 on 3)

FEE: \$40.00 (please make checks payable to The City of Seward)

- * **Mail:** registrations to P.O. Box 38 / Seward, Nebraska
- * **Drop off:** 142 North 7th Street / Seward, Nebraska
 - o *(If after business hours, please put in drop box located in front of the building)*
- * **Online:** <https://cityofsewardne.gov/public-properties-recreation/#recreation-programs>
 - o **DEADLINE FOR REGISTERING A TEAM IS November 3rd.**
 - o PAYMENT MUST BE WITH REGISTRATION!
 - o **GAMES WILL BEGIN SUNDAY November 10th.**

This is a recreation league; all players must have graduated high school. All matches will be played on Sundays and the schedule will be emailed to the captain.

ALL GAMES PLAYED AT THE ELEMENTARY GYM, ENTER THROUGH THE SOUTHWEST GYM DOOR.

TEAM NAME _____ CAPTAIN/CONTACT _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL (print clearly) _____

VERIFY EMAIL _____

PHONE _____

Players can only be listed on one roster and play for one team. You can borrow up to two players during league play with the consent of the opposing team.

ROSTER / PLAYERS NAMES

_____	_____
_____	_____
_____	_____

I (we) recognize and understand the activities that I (we) have enrolled in and will participate in and do hereby give my permission and consent for participation in this program. I (we) do hereby absolve, release and agree to hold harmless the City of Seward Parks and Recreation department and all of its employees for all claims on account of any injuries which may be sustained by myself and or team while participating in any City sponsored activity. If medical attention is required for injury or illness I (we) give permission for such medical care.

Signature by captain/coach _____

Date: _____