



# 2011 VRD Fall Volleyball League

Wednesdays, October 19th ~ December 14<sup>th</sup>  
(No Games November 23)

**A League** ~ 4-person teams [at least 1 female on the court]  
**B League** ~ 4-person teams [at least 1 females on the court]  
Game times: 6:15, 7:15, 8:15, 9:15  
Cost: \$200

### USA Volleyball Indoor Coed Rules Rally Scoring

Call Beth at 970-479-2280 or email at [bpappas@vailrec.com](mailto:bpappas@vailrec.com)  
Send with payment to:  
VRD Sports  
700 S. Frontage Road East  
Vail, CO 81657  
Or FAX 970-479-2281

Manager \_\_\_\_\_ Assistant Manager \_\_\_\_\_

Team Name \_\_\_\_\_ League \_\_\_\_\_

Manager Phone \_\_\_\_\_ Assistant Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Email \_\_\_\_\_ Assistant Email \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp. \_\_\_\_\_

Check # \_\_\_\_\_

- Your team will not be registered until payment is received.
- Make checks payable to Vail Recreation District.

### **RELEASE OF LIABILITY**

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows:  
I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail/or the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Town of Vail and/or the Vail Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs and such photographs may be used to publicize activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_