

# City of Parma, Ohio

DEAN DEPIERO  
MAYOR



Parmatown Mall  
7912 Day Drive  
Parma, Ohio 44129

MICKEY VITTARDI  
PARKS AND RECREATION  
DIRECTOR

Phone: 440-885-8144  
Fax: 440-885-8068

August 16, 2010

## MEN'S, WOMEN'S and COED VOLLEYBALL 2010-2011

Dear Coaches,

The City of Parma is excited to once again offer you an opportunity to participate in an adult volleyball league.

Applications and fees will be accepted at the Parma Recreation Department, Parmatown Mall, 7912 Day Drive, beginning Wednesday, September 1<sup>st</sup> through Friday, September 24<sup>th</sup>, between the hours of 8:30a.m. and 4:00p.m. Please read and follow the attached instructions, application and roster forms. There are a limited number of openings in each league. Teams will be accepted on a first come first serve basis.

**Deadline for all applications, team rosters and team fees is September 24, 2010.**

All matches will be played in the gymnasium at the Parma Community School, 5983 West 54<sup>th</sup> Street, Parma, Ohio. (Formerly Schaaf Community Center) Matches are scheduled for play on Tuesday evening for women's leagues, Wednesday evening for coed leagues, beginning at 6:30p.m. The season is tentatively scheduled to begin on Tuesday, October 12<sup>th</sup>, 2010. Teams will consist of six playing participants. Three games will be played per session.

If your team is accepted a **mandatory** league meeting will be held on **Wednesday, October 6<sup>th</sup>, 2010 at 6:30p.m. at the Parmatown Mall Conference Center, 7924 Day Drive (Next door to the Recreation Department)** for all team managers or team representatives. At that time, contract cards will be verified and stamped for participants. In addition the \$10.00 fee for each non-resident will also be due.

We sincerely look forward to beginning a new volleyball season. Should you require any further information, please contact the Recreation Office @ 440-885-8144.

Sincerely,

Michael A. Vittardi  
Parks & Recreation Director

**2010-2011  
CITY OF PARMA  
ADULT VOLLEYBALL LEAGUE**

**STEPS FOR ENTERING MEN'S, WOMEN'S & COED VOLLEYBALL**

1. **ENTRANCE FEE:**.....\$195.00  
MAKE CHECK PAYABLE TO THE CITY OF PARMA
  2. **FORFEIT FEE:**.....\$ 40.00  
MAKE CHECK PAYABLE TO P.A.A.F.  
REFUNDABLE FORFEIT FEE OF \$36.00 WILL BE REFUNDED AT THE  
CONCLUSION OF THE SEASON PROVIDED THERE ARE NO FORFEITS
  3. **NON-RESIDENT FEE:**.....\$ 10.00
  4. TEAM ROSTERS MUST BE COMPLETED AND RETURNED WITH ENTRANCE  
FEE.
  5. TEAM APPLICATION MUST BE COMPLETED AND RETURNED WITH ENTRANCE  
FEE.
  6. **REFEREE FEES:**.....\$ 10.00 PER TEAM
  7. CARDS: EACH PLAYER MUST COMPLETE TWO (2) CONTRACT CARDS WITH  
DRIVERS LICENSE AND HAVE THESE CARDS VERIFIED AND STAMPED BY THE  
PARMA RECREATION DEPARTMENT PRIOR TO PARTICIPATION IN THE PARMA  
VOLLEYBALL LEAGUE. NON-RESIDENT FEES ARE DUE UPON VERIFICATION OF  
CONTRACT CARDS.
  8. UNIFORMS ARE NOT REQUIRED. PROPER TENNIS SHOES ARE MANDATORY.
  9. **DEADLINE FOR ENTRY FEES WILL BE SEPTEMBER 24, 2010.** ALL ENTRIES  
MUST BE RETURNED TO THE PARMA RECREATION DEPARTMENT, PARMATOWN  
MALL, 7912 DAY DRIVE, PARMA, OHIO 44129.
- .....

**MANAGERS RESPONSIBILITIES**

- A. ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL INDEBTEDNESS INCURRED  
BY HIS TEAM.
- B. AGREES TO ABIDE BY ALL RULES AND REGULATIONS.
- C. CONTROLS PLAYERS AT ALL TIMES.
- D. FILE CORRECTLY COMPLETED CONTRACT CARDS FOR ALL PLAYERS AND  
UPDATE ALL INFORMATION.
- E. BECOME INFORMED OF ALL SCHEDULED AND RESCHEDULED CONTESTS.
- F. INFORM ALL PLAYERS OF RULES AND REGULATIONS.

**FOR MORE INFORMATION PLEASE CALL 440-885-8144**

**2010-2011  
VOLLEYBALL TEAM APPLICATION**

\_\_\_\_\_ TEAM DO HEREBY APPLY FOR  
REPRESENTATIVE MEMBERSHIP IN THE CITY OF PARMA MEN'S / WOMEN'S / COED  
(CIRCLE ONE)

VOLLEYBALL LEAGUE AND WILL COMPLY WITH THE RULES AND REGULATIONS OF SAID LEAGUE, COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE IN THIS LEAGUE.

MANAGER: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

.....  
Did this team compete in an organized league last year? \_\_\_\_\_

If so, please list what league and team name. \_\_\_\_\_

If team is a merger of two teams, please list team names. \_\_\_\_\_

Please designate a division choice. Based on your team skill level, if a choice can be provided, would your team prefer to compete in a competitive division or a recreation division? Please circle one.

COMPETITIVE

RECREATIONAL

.....  
I, \_\_\_\_\_, Manager of the \_\_\_\_\_  
Manager's Signature Team Name

Have fulfilled the requirement for entry in this Parma Adult Volleyball League. I have also received a set of rules and will apprise myself and my team of their content.

.....  
THIS SECTION IS FOR OFFICE USE ONLY

1. Entry Fee Paid \_\_\_\_\_ 2. Contract Cards \_\_\_\_\_  
3. Rule Book \_\_\_\_\_ 4. Forfeit Refund \_\_\_\_\_  
.....

**FORFEIT FEE REFUND FORM**

PROVIDED OUR TEAM HAS NOT FORFEITED ANY GAMES, FOR THE 2009-2010 VOLLEYBALL SEASON, PLEASE RETURN THE \$36.00 FORFEIT FEE TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

## 2010-2011 VOLLEYBALL ROSTER

TEAM NAME: \_\_\_\_\_ LEAGUE: \_\_\_\_\_ MEN'S      WOMEN'S      COED  
(Please circle one)

MANAGER: \_\_\_\_\_ HOME PHONE(\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

DATE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

THE BELOW LISTED PLAYERS, ALL REQUIRED TO SIGN WHERE INDICATED, ARE ACTIVE MEMBERS OF THE \_\_\_\_\_ TEAM AND ARE COVERED BY THIS PLAYER AFFIDAVIT. THIS ROSTER WILL BE CHECKED WITH PLAYER CONTRACT CARDS AND ALL ADDRESSES WILL BE VERIFIED. ANY PLAYER NOT LISTED ON THIS ROSTER MUST BE APPROVED TO BE ELIGIBLE TO PARTICIPATE IN THE LEAGUE.

PLAYERS NAME	ADDRESS	CITY/ZIP	PHONE
--------------	---------	----------	-------

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_

\_\_\_\_\_

MANAGER' SIGNATURE

\_\_\_\_\_

DATE