



Richmond Parks & Recreation Adult Co-ed Volleyball Tournament

(High school- adult)

In order to participate/have a team on the bracket, the registration fee must be paid in full on or before the registration deadline.

REGISTRATION DEADLINE: November 14, 2024

Registration Fee: \$200.00 per team Tournament: November 23, 2024

Tournament Location: Richmond City Gym (205 Summit St.)

Captains: The tournament brackets and rules will be emailed Thursday, November 21, by 7pm.

(Teams play three women and three men at a time)

Guarantee Three Games; Proceeds go towards City Gym Improvements



Scan to sign team up online

Team Captain: _____ **E-mail:** _____

Address: _____ **Phone:** _____

I, the participant or the guardian of the below named candidate for a position on a parks and recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I am aware that participation in this tournament may result in serious injuries and protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, officials participants, and persons transporting myself/ or my child to and from activities for any claim arising out of any injury to myself or my child whether the result of negligence, COVID-19, or for any other cause. I agree to return equipment issued in as good condition as when received, except for normal wear and tear.

I have read and fully understand the above program details and waive and release all claims including damaged, stolen, or lost property that could occur during the recreation event. I agree to abide by the rules and regulations as set forth by the Richmond Parks and Recreation Department, for my child, myself, and our family's participation in the program. I understand that this includes, but is not limited to, good sportsmanship toward the officials, coaches, and opposing players and their coaches and fans. **FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE GYM FOR REMAINDER OF GAME AND ALL FUTURE GAMES.**

Signing below means that you have read and agree with the above.

Team Roster

	NAME <small>(PRINT CLEARLY)</small>	PHONE	SIGNATURE <small>(IF UNDER 18, GARDIAN MUST SIGN)</small>	DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

PROGRAM POLICIES: The Richmond Parks and Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary—NO REFUNDS.

Questions? Please e-mail: Hwilliams@cityofrichmondmo.org

**Please return to: Front Desk of City Hall, 205 Summit, Richmond, MO 64085, M-F, 8:00am-4:30pm.
Cannot make it to City Hall by 4:30? Put the fee/form an envelope and put in the "after hours" box outside of City Hall. DO NOT PUT CASH IN THE "AFTER HOURS" BOX.**

Make checks payable to: City of Richmond.

Amount Paid \$ _____	Office Use Only	Date Recorded _____	By _____
Gym Improvement Fundraiser Revenue: 10-21-07-4495			