



# ANDERSON TOWNSHIP PARK DISTRICT

## Adult Co-Rec Volleyball ~ ages 18 & up

*Registration deadline is September 14*

**Register in advance.** Gather your friends and form a team in one of the newest ATPD leagues! We have B & C Divisions (B is more competitive play). Teams will play a 6 week season and awards will be given for 1st place in each division. We are only accepting 8 teams in each division; registration is first-come, first-serve. Leagues may be combined at the discretion of the ATPD.

**Date:** Games begin Sundays, October 2<sup>nd</sup>

**Times:** Games will be played at 6:30pm, 7:30pm, 8:30pm & 9:30pm

**Price:** \$210 per team due with registration, includes ref fees!!!

Teams are subject to a \$75 cancellation fee for withdrawal from the league.

**Location:** Beech Acres Recplex- 6915 Beechmont Ave.

**Questions?** (513) 388-4514 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

### Adult Co-Rec Volleyball Registration ~ Fall 2011

**Division: (circle one)**    B    C

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

Manager's Name \_\_\_\_\_

Manager's Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ E-mail \_\_\_\_\_

Manager's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Alternate Manager's Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

\*Alternate Manager's E-mail: \_\_\_\_\_ *\*Must include an alternate manager's phone number & e-mail.*

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Card # \_\_\_\_\_ 3 Digit Security Code (Located on BACK of Card): \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on card \_\_\_\_\_

**Make checks payable & return to:** Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

-----For Office Use Only-----

Date \_\_\_\_\_ Time \_\_\_\_\_ Rec'd By \_\_\_\_\_ Total Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_ Check # \_\_\_\_\_ Ck Name \_\_\_\_\_ Deposit By \_\_\_\_\_ Conf. \_\_\_\_\_