

**WINTER 2024 CO-ED VOLLEYBALL**  
**REGISTRATION INFORMATION**

**ENTRY DEADLINE/ENTRY FEE DUE:** 1/11/24

**ENTRY FEE:** \$150.00

**ORGANIZATIONAL MEETING:** 1/11/24 6:00pm Sevierville Civic Center

**SEASON BEGINS:** 1/18/24

**ROSTER DUE:** 1/25/24

**LEAGUE SCHEDULE:** GAMES WILL BE PLAYED ON MONDAYS AND THURSDAYS AT THE COMMUNITY CENTER

**RULES:** LEAGUE RULES WILL BE DISTRIBUTED AT THE ORGANIZATIONAL MEETING. CHANGES IN THE RULES WILL BE DISCUSSED AT THAT TIME.

**TEAM NAME**\_\_\_\_\_ **CAPTAIN**\_\_\_\_\_

**PHONE#** DAY \_\_\_\_\_ EVENING \_\_\_\_\_

**EMAIL**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

-----OFFICE USE ONLY-----

**DATE PAID**\_\_\_\_ **AMOUNT PAID**\_\_\_\_ **RECEIVED BY**\_\_\_\_\_

**CITY OF SEVIERVILLE DEPARTMENT OF PARKS-RECREATION**

**OFFICIAL ROSTER - Volleyball**

TEAM: \_\_\_\_\_  
TEAM CAPTAIN: \_\_\_\_\_  
PHONE: (DAY) \_\_\_\_\_  
(EVENING) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**PLAYER RELEASE**

I hereby release the City of Sevierville, its officials, supervisors, or any persons connected with this league from any liability which might occur due to injury received or other circumstances while participating in this Recreation Department program. I have also read, understood, and agree to abide by rules and regulations designed for this league. (Participates under the age of 18 MUST have parent or guardian signature.)

<b>NAME (PRINT)</b>	<b>SHIRT SIZE</b>	<b>E-MAIL</b>	<b>PHONE#</b>	<b>SIGNATURE</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____