
Department of Recreational Services

LEAGUE	Co-Recreational League – Sunday's 4:00 - 8:00 p.m.
FORMAT	Modified USA Volleyball Rules will govern the league Round-robin league format, single elimination post-season tournament League play begins — Sunday, February 3, 2019
AWARDS	Team trophy and individual awards for Tournament Champion Team trophy for Regular Season Champion
PLAYERS	Anyone over the age of 18 (by February 3, 2019) is eligible to participate in the league The league is NOT LIMITED to students, faculty and staff of Kent State University SRWC Membership is NOT required to participate in the league
FEES:	\$250.00 per team

REGISTRATION:

In person registration may be made in the Pro Shop of the Student Recreation and Wellness Center at Kent State University between the hours of 8:00 AM and 9:00 PM, Monday through Friday.

Online registration may be made through the following link, <https://www.recservices.kent.edu/>, online registrations must be paid in full.

Mail in registration will be considered on a first come, first serve basis. If registering by mail, you must contact Greg Bailey prior to sending the completed team application form and your team's registration fee or deposit (check or money order), payable to **Kent State University** to:

*Greg Bailey, Associate Director
Department of Recreational Services
Kent State University
1550 Ted Boyd Drive
Kent, OH 44242-0001*

<p>For More Information, contact Greg Bailey by phone at (330) 672-0463 or by e-mail at gbailey@kent.edu</p>



Spring 2019 Volleyball League TEAM APPLICATION

Department of Recreational Services

Kent State University and The Department of Recreational Services are committed to providing the highest quality programs and diverse offerings to the university and community. We hope that the experiences you have from participation in our programs serve your recreational and wellness goals, and we hope to continue to serve your needs.

LEAGUE: CO-REC

Team Name: _____	
Manager's Name: _____	** DL # _____ State: _____
Home Phone: _____	Alternate Phone: _____
E-mail: _____	SRWC Member: YES _____ NO _____
Mailing Address: _____ Apt # _____	
City: _____	State: _____ Zip Code: _____
Secondary Contact's Name: _____	
Home Phone: _____	Alternate Phone: _____
E-mail: _____	SRWC Member: YES _____ NO _____
Mailing Address: _____ Apt # _____	
City: _____	State: _____ Zip Code: _____

** Driver's License Number Required for Registration, applications w/o this information will be returned and will not be considered.

Team Managers Statement: I agree that I will abide by, and communicate to the members of my team; all rules, regulations and policies set forth in writing and/or verbally expressed by the League Director and Department of Recreational Services. The rules and regulations are not limited to league and tournament rules but to Student Recreation and Wellness Center and Kent State University Policies and Procedures as well. I also agree that failure to abide by said rules may result in my team being suspended and/or permanently banned from all leagues offered by Kent State University Department of Recreational Services depending upon the nature of the violation.

Financial Agreement: I understand and agree that it is my responsibility as team manager for the above mentioned team in the above mentioned event to pay all league fees (e.g. deposits, fines, etc.) to the Department of Recreational Services at Kent State University by the deadline which has been established or will be established in the event of a fine. By signing this agreement I am bound by this contract with the Department of Recreational Services that I will fulfill my part of the contract by paying in a timely manner all fees that are due to the Department of Recreational Services for my teams' participation in the aforementioned event. Failure to complete all financial obligations to the Department of Recreational Services at Kent State University may result in collections and/or legal action being made against me.

Signature: _____ Date: _____

-For Department of Recreational Services Use Only-

Date Received: _____ Received By: _____ Deposit Paid: _____ Balance Due: _____