



Co-Ed Adult

Volleyball Rec League

Co-Workers
Family
Friends

Registration ends
October 22 @ 5PM.
Game Schedules
released 10/25.

- AGES: 16—Plus
- Cost: Team Registration \$180 covers up to 8 players
- Not part of a team? Don't worry, \$45 per draft player. We will find a team that could use your help.
- Team requirement – A team consists of 6 players, but may start with a minimum 4 players. A team must have at least two women on the court at all times. Teams may play with 1 female, but can then only play with 5 total players. A team cannot play without any females. There is no maximum number of females that can be on the court.
- All Games at Belen Community Center, Fridays starting Nov. 1, 2024 between 5:30 PM—9:00 PM 8 games minimum. Final games played on Dec. 20.2024.
- For more information call 505-966-2700.

Flip for registration form

There must be a minimum of 6 players to be eligible for the team rate. Teams with less than 8 players may have a draft player assigned to their team. Incomplete forms will not be accepted. Please ensure all information and release signatures are completed. Forms with 5 or fewer player will be priced at the draft rate.

	Player Name	Phone Number	Emergency Contact Name/Number	Email	Release/Waiver and Assumption of Risk: Participant Signature
1	Team Captain				
2					
3					
4					
5					
6					
7					
8					

RELEASE, WAIVER, AND ASSUMPTION OF RISK: PLEASE READ AND SIGN ABOVE

As the participant in the listed activity or event, I am fully aware of and understand the potential risk involved in a physical activity. I hereby agree to assume all risk of injury, damage to persons or property, or participation in this activity or event. I do hereby fully release and discharge the city of Belen, its officers, agents/employees, volunteers, sponsors and organizers from any and all liabilities for injury, including death, damages or loss that may have or incur as a participant in the listed activity or event, and further agree to indemnify and hold harmless the City of Belen, its officers, agents, employees, volunteers, sponsors and all organizers from and against any and all liability suffered by myself as a result of, or in any way connected to participation in the listed event. This Release, Waiver, and Assumption of Risk shall be binding upon my heirs and dependents.

Guardian (If under 18) Signature _____ Date _____
 Guardian (If under 18) Signature _____ Date _____
 Guardian (If under 18) Signature _____ Date _____

Payment (Recreation Department Only)

Total Price: _____
 CK# _____ Cash: Y/N _____ Card: Y/N _____
 Receipt # _____
 Staff: _____
 Date: _____