



Milwaukee Recreation

50+ Sports Leagues

2414 W. Mitchell Street, Milwaukee, WI 53204

(414) 647-6041 • mkerec.net

2024-25 SPECIAL MEMO

50+ VOLLEYBALL LEAGUE

Competitive & Social Leagues held on Tues & Thurs

LEAGUE PLAY LOCATION - Beulah Brinton Community Center located at 2555 S. Bay Street, Milwaukee WI 53207

LEAGUE PLAY DATES (FALL & WINTER SEASONS)

- Competitive League (Judy Grzegorski, League Director) – **FALL** Tue 9/17/24 thru Thur 12/12/24 & **WINTER** 1/7/25 thru 4/10/25
- Social “Easy Does It” League (Bob Markey, League Director) **FALL** Tue 9/17/24 thru Thur 12/12/24 & **WINTER** 1/7/25 thru 3/27/25

GAME TIMES – Competitive League – 9:15, 10:15, 11:15 AM

Social League – 9:15 & 10:15 AM

REGISTRATION DEADLINE - All fall league registration forms must be returned by **Friday, August 16, 2024.**

PLAYER FEE SUMMARY

- City of Milwaukee Resident - \$15.00
- Non-City of Milwaukee Resident - \$30.00

PLAYER REGISTRATION INFORMATION:

VIA US MAIL, please fill out this form COMPLETELY AND MAIL WITH FEES TO:

Adult Sports Office – 50+ Sports
2414 W. Mitchell Street, Milwaukee, WI 53204
(Make checks payable to: **Milwaukee Recreation**)

PLAYER/COACH ELIGIBILITY - Players must have the 50+ Sports League Registration Form on file on or before due date and fees must be paid prior to playing or practicing in order to be considered and eligible participant. You will not be drawn for a team until the registration fee is paid. Persons who do not live in the City of Milwaukee are considered nonresidents and must pay the nonresident fee. Persons signing up after the due date will be assigned according to league needs—no guarantees. All participants (player or non-players) must sign the mandatory Permission and Waiver Form.

LEAGUE ADMINISTRATIVE RULES

- Teams should consist of six (6) players on the court (Men and Women). (Uniforms not required).
- Current Official USA Volleyball Rules will govern play with exceptions and interpretations as noted in the League Rules and Adaptations provide by the Adult Sports Office.
- **OFFICE HOURS** - The Adults Sports Office is open from 8:00 am – 4:30 pm Monday-Friday (besides holidays). You can reach the office at AdultSports@mkerec.net or (414) 647-6046.



A department of MPS

Milwaukee Recreation
50+ Sports Leagues

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OFFICE RECORD

RCPT#: _____
AMT: \$ _____
DATE: _____
CHECK#: _____
PER: _____

2024-25 PARTICIPANT ENTRY FORM

FALL/WINTER 50+ VOLLEYBALL LEAGUE

WAYS TO REGISTER: 1- Fill out this entry form and submit it back to the Adult Sports Office via US mail. Payment should be cash, check or money order made payable to Milwaukee Recreation.

Both Leagues will be held on Tues & Thurs **See game times on page 1**

Please indicate your league preference here:

<input type="checkbox"/>	FALL COMPETITIVE LEAGUE (Judy Grzegorski, League Dir) – League begins Tue 9/17/24 2R556801, BN01
<input type="checkbox"/>	FALL SOCIAL "Easy Does It" LEAGUE (Bob Markey, League Dir) – League begins Tue 9/17/24 2R556801, BN02
<input type="checkbox"/>	WINTER COMPETITIVE LEAGUE (Judy Grzegorski, League Dir) – League begins Tue 1/7/25 2R556801, BN01
<input type="checkbox"/>	WINTER SOCIAL "Easy Does It" LEAGUE (Bob Markey, League Dir) – League begins Tue 1/7/25 2R556801, BN02

Please indicate your player fee resident status:

<input type="checkbox"/>	CITY RESIDENT – \$15.00	<input type="checkbox"/>	NON- CITY RESIDENT – \$30.00
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PLEASE PRINT CLEARLY:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE NUMBER: _____

EMAIL: _____

BIRTHDATE: _____

****See waiver on reverse side****

PERMISSION/WAIVER FORM (SIGNATURE REQUIRED FOR PARTICIPATION)

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

PHOTO RELEASE: I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/ or interview participants within Milwaukee Recreation and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child and/or myself. I also understand that by signing this release I give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the MPS. I understand that by signing this, I am, on behalf of myself and/or my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

NO, I do not give consent to the above Photo Release.

I HEREBY CERTIFY THAT I HAVE READ AND DO UNDERSTAND THE ABOVE INFORMATION:

Participant's Signature (Mandatory)

Date

SEEKING FEEDBACK! If it's not on my radar, I can't address it 😊 Please list at least one essential component of this league that you would like to see changed OR one component that is important to not change. **If you have any days that you know you will miss, please put down those dates here!**

PLEASE LIST YOUR EMERGENCY CONTACT:

Name: _____ Phone: _____

Relationship To You: _____