

Co-Ed Volleyball League

Rules, Regulations and Registration

Welcome to the Winter season of the Iola-Scandinavia Community Fitness & Aquatic Center's Self-Officiated Co-Ed Volleyball League. Yes, "self-officiated" meaning you and your teammates are the referees. Players are expected to call their own faults (nets, lifts, etc.) and not those of the opposing team. If you think that the opposing team has committed a fault, continue playing until the ball is out of play. Then your team captain should discuss the perceived fault with the other team's captain. If the captain's cannot agree, replay the point.

- ☺ **Team registration is \$40.**
- ☺ **Play begins Monday, January 7th and goes until March 11th, 2019.**
- ☺ **Games times will be between 6pm to 9pm.**
- ☺ **All players must be 16 years old or up.**
- ☺ **All players must wear non-marking, rubber-soled athletic shoes. If the weather is bad, please bring an extra pair of shoes to change into.**
- ☺ **Two (2) time-outs will be given to each team per game.**
- ☺ **No tipping, let serves are allowed!**
- ☺ **Rally scoring to 21!**

MATCHES: A team shall consist of four (4) players, with a minimum of three (3) players to start the game - two must be female. Teams play 1 match per night. A match consists of 3 games scored from 0 to 21. All 3 games must be played. Teams must win by at least 2 points. For the first game, the team captains will flip a coin for serve or side. First team listed on the schedule will give the call. Losers will serve second game and the third game will consist of another coin toss.

FORFEIT: If a team is unable to field a minimum of 3 players by 5 minutes after start time, they forfeit the first game of the match. If by 15 minutes after start time, a team is not represented, all three games are forfeited.

TIME LIMIT: There is NO time limit! Please be on time and it helps if your whole team is ready to play 5-10 minutes before the actual start time. In case the game prior to yours gets done early you can start early. Please be ready for some games to go longer and/or shorter than the time length.

ILLEGAL HIT: An illegal hit occurs when the ball visibly comes to rest or has prolonged contact with a player. Holding, catching, throwing, lifting, and pushing are illegal hits because of prolonged contact with the ball.

DOUBLE HIT: A double hit occurs when a player illegally contacts the ball twice in succession or the ball rebounds from one part of the body to another on a single attempt to play the ball.

CARRY: Blatant carries such as grasping and throwing the ball over the net or scooping the ball upward from the ground are not allowed.

BLOCK: An action that deflects the ball coming from the opponent by (a) player(s) close to the net and reaching higher than the net. A blocking contact may occur with any part of the body. Only front row players are allowed to complete a block. Since the block does not count as a contact, the person who blocked the ball may make the first contact.

NO BLOCKING ON A SERVE!

SERVING: When serving make a hand gesture and/or a verbal gesture of some kind so the other team knows your serving the ball. Let serves are allowed

TWO-GUY RULE: Two guys cannot hit the ball over. A girl needs to be in that hitting cycle. It is okay for one guy to hit the ball straight over, but not okay for two guys.

NET: Players must call their own net violations. If there is a disagreement on the fault, replay the point. Our courts have a centerline under the net therefore if your team crosses that line during play it will be considered a side-out. You may step on the line but not over the line.

The boundary lines are part of the court. The ball is considered "in" if it strikes a boundary line. If there is a disagreement, replay the point.

Iola-Scandinavia Community Fitness & Aquatic Center

Monday Night CO-ED Volleyball League

EACH PARTICIPANT PLEASE READ THE FOLLOWING:

INFORMED CONSENT STATEMENT: Participation in ISCF&AC activities is voluntary. The undersigned hereby acknowledges his/her understanding that the possibility of injury does exist when participating in any ISCF&AC activity. Programs and opportunities range from low risk activities to more high-risk activities. The participant recognizes that possible injuries range from cuts, bruises, muscle strains and sprains to more severe injuries such as broken bones, concussions, dislocations, and perhaps even those classified as catastrophic injuries. It is the participant's responsibility to obtain appropriate insurance or pay all charges associated with the injury.

PARTICIPANT CONDUCT STATEMENT: I understand that all activities are VOLUNTARY and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I understand that the ISCF&AC does NOT provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property.

In exchange for allowing me to participate in these ISCF&AC activities and events, I agree to release liability, agree to indemnify and hold harmless the ISCF&AC, and any ISCF&AC agent, officer, or ISCF&AC employee acting within the scope of their duties, for any injury to my person or damage to my property.

The release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and voluntarily signed this document. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the ISCF&AC, its officers, agents, and/or employees.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Team Captain: _____ **Email:** _____ **Phone:** _____

TEAM NAME: _____

PLAYER'S NAME	PHONE #	SIGNATURE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PLEASE READ ALL RULES AND REGULATIONS!!

OFFICE USE ONLY:

Amount paid: _____ Date: _____ Staff Initials: _____