



Fall VOLLEYTENNIS



REGISTRATION
August 4-22, 2025

LEAGUES BEGIN
THE WEEK OF
SEPTEMBER 22



CUSTOM PRIZES
ONLINE OR PHYSICAL REGISTRATIONS
ACCEPTED



Visit www.lakewoodca.gov/sports for: Schedules and Standings

QUALIFICATION INFORMATION

All teams will be categorized for the purpose of determining priority registration and appropriate fee according to the following criteria:

CATEGORY A

Lakewood Resident Teams - Must maintain no fewer than six Lakewood residents on the roster at all times. Proof of residency will be required for each Lakewood resident. Photocopies of valid driver's license or DMV identification or utility bill dated within the past 30 days, along with valid identification, must be submitted with registration. Previously submitted verification must be resubmitted.

CATEGORY B

Lakewood Sponsored Teams - Must be sponsored by a Lakewood business or community organization. Teams sponsored by a Lakewood business or community organization will require verification from the sponsor in writing, along with the number of valid Lakewood business license or complete name and address of the community organization. Please use the Adult Sports Statement of Sponsorship form (page 5).

CATEGORY C

Non-Resident/Non-Sponsored Teams - Teams not meeting requirements in above two categories.

LEAGUE/FEE INFORMATION

- **MONDAY EVENING NON-OFFICIATED LEAGUE** - Games will be played Monday evenings. Each team will tentatively play ten league games between September 22 – December 1 (No games on November 24). Games are tentatively scheduled for 7:00 p.m., but game times may be adjusted depending on court availability. No game officials will be present.
FEE: Category A&B Teams - \$115. Category C Teams - \$135

* Players must be at least 16 years of age. **Players under age 18 must have a parental waiver signed.** Waiver forms are available on our website or in the Recreation Department at City Hall. Teams will be limited to a maximum of 3 players under the age of 18.

REFUNDS

Request for refunds must be made prior to August 29. Refunds will be processed according to form of initial payment (check/credit card reimbursement). A \$25 administrative fee will be charged to process any refund requests. A full refund will be given in the event the league is cancelled by the City prior to the starting date.

REGISTRATION PRIORITIES AND DATES

Registration for all team categories (A, B & C) will begin Monday, August 4, 2025, and continue through Friday, August 22, 2025. All properly registered teams accepted prior to the end of the day Friday, August 22, 2025, or before the league cap is reached, will be guaranteed berths*.

* If the league is filled prior to close of registration, teams submitting registrations will be placed on a waiting list. If the league can accommodate additional teams, managers on the waiting list will be contacted to be added to the league and pay the registration fee.

***There will be a manager's pre-season meeting on Monday, September 15, 2025, 6:00 p.m. at Mae Boyar Park;
6701 Del Amo Blvd., 90713**

REGISTRATION PROCEDURE

Teams may register in person, through the mail, or online at www.lakewoodca.gov/ecatalog

To register in person, or through the mail, each team must submit the following:

1. Official **Fall 2025** Roster and Waiver form with name, address, phone number and **signature** of each team member, and Volleytennis Classification Information form. Once an accurate roster including name, address and phone number has been submitted, any players who were unable to sign the original roster at the time of registration are required to do so prior to the start of the first game. Players to be added at subsequent games must sign roster addition forms.
2. Fee: Cash, credit card or one check for the entire amount made payable to City of Lakewood.
3. Proof of residency, if applicable.
4. Proof of sponsorship, if applicable.

Registration may be brought to the Recreation Office at Lakewood City Hall, 5050 Clark Ave., Monday through Thursday, 7:30 a.m. - 5:00 p.m.; working Fridays, 7:30 a.m. – 4:30 p.m. or mailed to Department of Recreation and Community Services, P.O. Box 158, 5050 Clark Avenue, Lakewood, CA 90714-0158.

Mailed registration will be processed at the conclusion of the first eligible day it is received. If you decide to mail-in your registration, please call the Recreation Department (562) 866-9771, ext. 2408 to confirm we have received your registration and that we still have league openings.

Online registrations are available at www.lakewoodca.gov/ecatalog. Select the “Activities” tab, then follow the link for “Sports League”. Roster forms will be sent to teams who register online. Completed rosters, including players’ signatures, must be turned in at the first game. Players will be asked to present proof of residency for all Category A (Lakewood Resident) online registered teams prior to the start of their first game. See “Qualification Information” on page 1.

NOTE: We are unable to make photocopies for you. A copy machine for public use is available at the Iacoboni Library, south of City Hall.

ROSTERS

All rosters must have at least six players and not more than twelve players. Roster changes will be limited as follows:

1. Once the roster has been submitted, each team may make up to three additions/deletions to the roster.
2. Additional changes will be charged a \$10.00 administrative fee each.

Each player must sign the Official Roster and Waiver form as a waiver for eligibility to play in the program. Rosters must contain complete name, address and phone number of all players. Incomplete rosters will not be accepted.

Warning: Forged signatures will lead to your team’s dismissal from the league.

NOTICE: Every team is required to submit an original roster. NO EXCEPTIONS. To assist in placing teams in the appropriate division, please remember to complete the Volleytennis Classification Information form (page 3).

LEAGUE SCHEDULE

Games are tentatively scheduled to begin September 22. Games will be played on Monday nights. Games are tentatively scheduled to begin at 7:00 p.m. but match start times may be adjusted depending on court availability and the number of teams that register.

VOLLEYTENNIS CLASSIFICATION INFORMATION – Fall 2025

TEAM NAME: _____

Has this team played in the Lakewood program in the past year?

☐ YES

☐ NO

If Yes: (please circle)

Fall 2024

Spring 2025

Summer 2025

Team Name: _____

In which division do you feel your team will be most competitive? (This does not guarantee placement)

Top _____ Middle _____ Bottom _____

MANAGER INFORMATION: The Department of Recreation and Community Services receives many inquiries from players wishing to join adult volleytennis teams. If you would like your name and phone number released as being a manager to an inquiring player, please indicate below. If you prefer, you may choose for us not to release your name and number.

Please provide E-Mail Address: _____

____ **YES**, my name and phone # may be released to prospective players.

Name: _____ Phone #: _____

____ **NO**, please do not release my name or phone number information.

Manager's Signature



OFFICIAL ROSTER & PLAYER WAIVER - FALL 2025

WOMEN'S VOLLEYTENNIS

For Official Use:

WVT No. _____
 Fee: \$ _____
 Cash: Ck: # _____
 Visa: MC: ☐ _____
 Res. Spon. Non-Res. _____
 Date: Initials: _____

Team Name: _____

*Type or print clearly, the name of each player in the first column. Each player must personally sign in the second column. PHOTO COPIES NOT ACCEPTED.

IMPORTANT: READ BEFORE SIGNING:

I, the undersigned, fully understand that my and/or my child(ren)'s participation in the activity(ies), hereinafter referred to as "volleytennis" exposes me and/or my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge my and/or my child(ren)'s voluntary participation in volleyball and agree to assume any such risks. I hereby release, discharge and agree not to sue the City of Lakewood, hereinafter referred to as "CITY", its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and/or my child(ren)'s voluntary participation in volleyball from whatever cause, including the active or passive negligence of CITY, its officers, employees and agents or any other participants in volleyball. The parties to this agreement understand that this document is not intended to release any party from any act or omission of gross negligence, as the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in volleyball, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless CITY, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my and/or my child(ren)'s voluntary participation in volleyball. I understand and agree that volleyball may be recorded for viewing and/or listening by others during volleyball and at a future date. I consent to CITY's use of audio and video recordings and photographs of me and/or my child(ren) during volleyball and that CITY may use audio and video segments or photographs of me and/or my child(ren) for any purpose, including but not limited to news, advertising and promotional purposes, without compensation to me and/or my child(ren). I hereby release and hold harmless CITY from any claims relating to the use of my and/or my child(ren)'s likeness and image. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

PLAYER'S NAME (PLEASE PRINT)	PLAYER'S SIGNATURE	ADDRESS (PLEASE PRINT)	CITY & ZIP CODE (PLEASE PRINT)	PHONE # (PLEASE PRINT)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

I understand all roster provisions including the restriction which limits making additions. I hereby verify that all information above is accurate and that all signatures are authentic and representative of the person described.

Manager's Name (please print) _____

Signature _____

Date _____

email address _____

Assistant Manager's Name (please print) _____

Signature _____

Date _____

email address _____



**ADULT SPORTS
STATEMENT OF SPONSORSHIP**

Dear Recreation Supervisor:

Please acknowledge the sponsorship of the below-named team by this Lakewood business or organization.

Business or Organization	Lakewood Business License Number
ADDRESS: _____	_____
Street Number	Street Name
_____	_____
City	Zip Code
PHONE: () _____	
SIGNED: _____	
PRINT NAME: _____	
TITLE: _____	

TEAM NAME: _____

MANAGER: _____