

EAST FERRIS BEACH VOLLEYBALL – 2025

WHERE:

Bill Vrebosch Park (390 Highway 94, Corbeil, ON).

SEASON DATES:

Start Date: July 15th, 2025.

End Date: August 28th, 2025.

DIVISIONS:

Mixed Competitive – 4 players (Tuesday)

Women Recreational – 4 players (Wednesday)

Mixed Recreational – 4 players (Thursday)

FEES:

\$117 per team + HST (Cost = \$132.21)

\$50 key deposit per team

TOTAL COST = \$182.21

REGISTRATION DEADLINE:

Team registrations must be received by June 13th, 2025, at 12:00pm.

PAYMENT METHODS:

- Cheques - payable to Municipality of East Ferris.

Fill out the registration form, and submit with payment at one of the following locations:

Municipality of East Ferris, 25 Taillefer Rd, Corbeil ON P0H 1K0 or
East Ferris Community Centre, 1267 Village Road, Astorville, ON P0H 1B0

Attn: Jenna Cowden – Recreation Coordinator

EQUIPMENT SHED KEY

Equipment shed keys will be signed out by each team captain for a deposit of \$50. Captains must pick up their key at the Municipal Office.

QUESTIONS? CONTACT

Jenna Cowden – Recreation Coordinator
1267 Village Rd, Astorville, ON P0H 1B0
E-Mail: jenna.cowden@eastferris.ca

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Registration Form

- | | |
|---|-----------|
| <input type="checkbox"/> Mixed Competitive – 4 players | Tuesday |
| <input type="checkbox"/> Women Recreational – 4 players | Wednesday |
| <input type="checkbox"/> Mixed Recreational – 4 players | Thursday |

I, the undersigned, do hereby acknowledge that:

I intend to participate in physical activity in the Municipality of East Ferris at the Vrebosch Park Beach Volleyball Courts in a recreational beach volleyball league. I am doing so of my own free will and judgement.

I realize that participation in physical activity brings the possibility of injury, and I accept this risk regardless of the nature of the injury and the physical activity in which I will participate.

I agree that participation in any physical activity and use of any equipment is at my own discretion or judgement, based on my own experience and competence level.

I have read the above and agree that by participating I am personally assuming responsibility for any injury to myself or my property as a consequence of these activities or resulting from any other reason including negligence and hereby release and hold harmless the Municipality of East Ferris, their officers, agents, employees and volunteers.

Team Name:	
Contact Info	
1st Contact Person:	2nd Contact Person:
Phone (Cell):	Phone (Cell):
Email address:	Email address:
Name & Mailing Address (for Key Deposit Cheque):	

**** Note that each player must read the waiver and sign beside their name ****

Name (please print)	Signature	Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		