

# 2015 YMCA Corporate Challenge Co-ed Volleyball Tournament

**When:** April 25th, 9am

**Where:** Downtown YMCA, 40  
West Long Street, Columbus, OH

**Teams:** 6 players per team - City  
employees only

**Cost:** Free! Plus you will get a  
City of Columbus t-shirt!

**Registration:** Due by April 10th



For more details and a  
registration packet

Contact Us:  
[Btkimbro@columbus.gov](mailto:Btkimbro@columbus.gov)



DEPARTMENT OF  
HUMAN RESOURCES

**2015 YMCA Corporate Challenge Application:**  
**Co-Ed Volleyball**  
**April 25th, 2015 starting at 9am**  
Downtown YMCA. 40 West Long Street, Columbus Ohio.

The Co-Ed Volleyball Tournament is part of the YMCA of Central Ohio Corporate Challenge Series. The program is operated by the YMCA and the City of Columbus must follow their procedures to participate. **The City is fielding 10 teams of 6 players for this tournament.** All players must be city employees. Applications to participate in the Men's Basketball tournament will be filled on a first come, first served basis when completed applications are submitted.

**To submit your registration, please email the completed form to [healthycolumbus@columbus.gov](mailto:healthycolumbus@columbus.gov) or fax to 645-8022 by April 10th.** You must submit a BWC Recreation Waiver (attached) for each person on your team.

Team Captains and Players will be notified if their registration has been confirmed or waitlisted by April 17<sup>th</sup>, 2015.

**Select 1 option below.** If you are part of a team, your team captain should fill this form out and submit the application on your behalf.

\_\_\_\_\_ **I will be a team captain:**

Team Name: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Email & Phone: \_\_\_\_\_

Captain Department: \_\_\_\_\_

**Player names and departments and T-shirt size (Unisex: Small - 3X).** If you do not have enough players to field a complete team, Healthy Columbus will fill your team with people who want to play but do not belong to a team. Player departments and t-shirt sizes for each player must be included for the registration to be considered complete:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

\_\_\_\_\_ **I want to participate in the tournament, but do not have a team to play with.** By registering, you are committing to be available for the date and time of the tournament. If individual players are not placed on a team, they will be placed on a wait list to fill in for last minute player cancellations and will be given as much notice of their team status as possible. You must fill out the BWC Recreation Waiver (attached) to submit your application.

**Player Name:** \_\_\_\_\_

**Player Email & Phone:** \_\_\_\_\_

**Player Department:** \_\_\_\_\_

**Player t-shirt size (Unisex: Small - 3X):** \_\_\_\_\_

**Questions? Contact Brandon Kimbro @ 645-3892**



Instructions

- Complete this form to waive workers' compensation coverage for voluntary participation in employer-sponsored recreational activities or fitness programs.
In the space provided, list all employer-sponsored recreational activities and fitness programs for which the employee wishes to waive workers' compensation coverage. Make a line through any blank spaces.
The employee must sign and date this form to acknowledge agreement.
The employer shall retain the original for his or her files and provide a copy to the employee.
The employer should submit a copy to BWC only when an employee files a claim for an injury or occupational disease sustained in the employer-sponsored recreational activity or fitness program. For further information call 1-800-OHIOBWC (1-800-644-6292).

Table with 2 columns: Employee name (please print or type) and Date; Employer name City of Columbus and Risk number 32505302-0

Pursuant to Section 4123.01(C)(3) of the Ohio Revised Code (ORC), the employer and employee shall list those employer-sponsored recreational activities and fitness programs for which the employee wishes to waive all rights to compensation and benefits under Chapter 4123 of the ORC. The waiver must be signed and dated prior to the date of injury or, in an occupational disease claim, the date of disability. Should an employee sustain an injury or occupational disease in an employer-sponsored recreational activity or fitness program which is not listed, the employee may be eligible for workers' compensation benefits.

Recreational activities/Fitness programs
Participation in City of Columbus Intramural Sports Program, 2015

The undersigned declares that he or she is a voluntary participant in the employer-sponsored recreational activities or fitness programs listed above. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for two calendar years. The waiver may not bar any workers' compensation claim filed for death benefits by the employee's dependents.

Employee signature

Date signed

YMCA of Central Ohio  
*Corporate Challenge*  
**Co-Ed Volleyball Tournament**

**Where:** YMCA Downtown Branch  
40 West Long St.  
Columbus, Ohio 43215  
Phone # 224-1131

**When:** Division 1, April 24 @6:00pm  
Division 2-3 April 25 @9:00am

**Tournament Director:** Shawn Gunnoe  
Email: [sgunnoe@ymcacolumbus.org](mailto:sgunnoe@ymcacolumbus.org)

**Team Composition:** A team should consist of 6 players. No team may play with fewer than 1 females on the floor or no fewer than 2 males on the floor.

**Tournament Size:** The tournament is open to 80 teams.

YMCA of Central Ohio  
Corporate Challenge  
**Co-Ed Volleyball Rules**

**PLEASE BRING EMPLOYEE / COMPANY I.D. !!!**

USVBA rules will govern play with the following rule modifications:

1. A team should consist of 6 players. No team may play with fewer than 1 females on the floor or no fewer than 2 males on the floor.
2. Male and female players must alternate position, if possible, in the lineup.

3. Immediately after the serve and during all subsequent volleys, if a ball is hit more than once, one hit has to be by a woman.
4. A block does not count as a hit.
5. Net height will be 7' 4 1/4".
6. Male players are not permitted to spike. (The ball must rise before it can fall, slight arch.)
7. All players may penetrate the net to block any offensive shot provided they allow the offensive team the opportunity to play the ball first. Back row players may not block at the net.
8. All serves by males must be underhand. Females may serve in any manner specified by USVBA rules.
9. Referees are instructed to call carries or illegal hitting of the ball as consistently as possible. It is strictly up to the judgment of the official.
10. Setting of the serve is permitted.
11. The serve **can** hit the net. There is no blocking of the serve.
12. Each team will get 2 time outs per game lasting 30 seconds each.
13. Qualified officials will referee all games.
14. Captains are responsible for seeing that teams are ready to begin play 15 minutes before their scheduled matches.
15. Starting time of all matches will be given a 5-minute grace period.
16. Teams must provide their own warm up balls.
17. A forfeit / scratch is equal to a 2 game win with the team awarded with 42 points, (21-0, 21-0).
18. Only water can be brought into the gym.

### **Scoring**

20. All games will be rally scoring.
21. All games up to the consolation and championship rounds will be played to 25 points (cap of 27), win by two, with the third game played to 15. Match is best 2 out of 3 games.
22. Consolation and Championship games will be played to 25 pts (cap of 27) including the 3<sup>rd</sup> game, win by two.