2024 Tri-City Fall Volleyball

Deadline Friday, October 4, 2024

Volleyball League
3rd & 4th Grade Division
Co-Ed Teams
The volleyball program is designed to develop individual skills and basic fundamentals of the game in a team setting. Games begin in November

Volleyball League
5th & 6th Grade Division
Co-Ed Teams
The volleyball program is designed to develop individual skills and basic fundamentals of the game in a team setting. Games begin in November

- **Games:** Will be played at the Roxana Community Gym, East Alton Keasler Complex and Wood River Recreation Center. Games will be played on week nights & Saturday mornings. No team registrations. Games will begin in November.
- **Includes**: 12 game schedule and league shirts

Fee: $50 (A $10 late fee will be added after the deadline; Friday, October 4, 2024) - **NO REFUNDS**
Register at: Roxana Park District, 2 Park Drive, Roxana, IL 62084
Register online at **signupville.com/Roxana** More information call (618) 254-7485

The success of our programs is dependent upon Volunteer Coaches:
Would you be a(n): Coach _____Yes _____No Assistant _____Yes _____No
Mandatory for all coaches & assistants to fill out a coaches background check. This is for the safety of our children.

Circle t-shirt Youth Size: YS(6-8) YM(10-12) YL(14-16) Adult Size: AS AM AL AXL

DIVISION _____ DID YOU PLAY LAST YEAR?**IF YES**, WHICH TEAM _____
The Tri-City Agencies are responsible for determining which roster a child is placed on, not Coaches or Parents!

CHILD'S NAME_____ **M / F** **Height**_____

ADDRESS_____PHONE_____

SCHOOL ATTENDING_____GRADE_____D.O.B____/____/____ AGE_____

EMAIL ADDRESS_____

ANY MEDICAL CONDITIONS?_____

EMERGENCY CONTACT_____PHONE_____RELATION_____

Parents Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, park and recreation employees and officials at every game or practice.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will provide support for coaches and officials with my child to provide a positive, enjoyable experience for all.
- I will remember that the game is for children and not for adults.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I, the undersigned parent or legal guardian of the above named child, do agree to abide by the Parents Code of Ethics. I do hereby consent and agree that the above named minor may participate in the Tri-City River Recreation Program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Tri-City Recreation League and/or any other sponsor or party.

Signature of Parent of Legal Guardian_____ **Date**_____

OFFICE USE ONLY: DATE:_____AMOUNT PAID_____RECEIVED BY_____ RECIEPT #_____