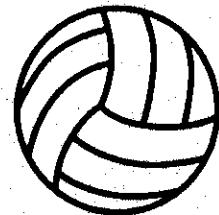


2026 Tri-City Spring Volleyball



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 April.

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 April.

7th & 8th 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 April.

Fee: \$50 (A \$5 late fee will be added after the deadline; Friday March 6, 2026)

- **Games** are played at East Alton Keasler Complex, Roxana Community Gym, and Wood River Rec. Games will be played on week nights and Saturdays. No team registrations.
- **Includes:** 12 game schedule and league shirts (must be worn during all games)

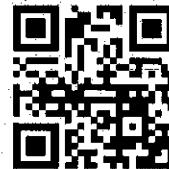
Register In-Person at the RoxArena in Roxana Park

2 Park Drive, Roxana, IL 62084

Business hours are Mon-Fri: 8 am—4:30 pm

Questions? Call 618-254-7485

Register Online @ signupville.com/Roxana or scan QR code:



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 _____

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 basketball 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 or any other sponsor or party. Photos taken at event could be used for advertisement. If you do not want your child's photo posted please let the staff know.

Parent Signature _____ Date _____

OFFICE USE ONLY: DATE: _____ AMOUNT PAID: _____ RECEIVED BY: _____