2026 TRI-CITY FALL VOLLEYBALL

DEADLINE: FRIDAY, OCTOBER 9TH, 2026

★ 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.

★ VOLLEYBALL LEAGUE ★

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 November.

FEE: $55 (A $10 late fee will be added after the deadline; Friday, October 9th, 2026)

GAMES ARE PLAYED AT:
East Alton Keasler Complex, Roxana Community Gym, and Wood River Rec TBD.

GAMES WILL BE PLAYED ON WEEK NIGHTS AND SATURDAY MORNINGS.
NO TEAM REGISTRATIONS.

INCLUDES:
12 game schedule & league shirt

REGISTER IN-PERSON AT THE ROXARENA IN ROXANA PARK
2 Park Drive, Roxana, IL. 62084 • 618-254-7485
Monday - Friday, 8-4:30 pm
Register online @ signupville.com/roxana

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 volleyball 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: _____