



# 2024 Tri-City Spring Volleyball



Deadline Friday, March 1, 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 April.



## 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 April.

**Fee:** \$50 (A \$5 late fee will be added after the deadline; Friday March 1, 2024)

- **Games** are played at East Alton Keasler Complex, Roxana Community Gym, and Wood River Rec TBD. Games will be played on week nights and Saturdays. No team registrations.
- **Includes:** 8 game schedule, Double elimination end of season tournament & league shirts

Register In-Person at the Wood River Rec Center  
655 N. Wood River Ave. Wood River, IL 62095  
Mon-Fri: 6am-8pm, Sat: 6am-5pm or Sun: 10am-4pm

Register Online @ [wrparks.org/youth-programs](http://wrparks.org/youth-programs) 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 \_\_\_\_\_