



**4th, 5th, & 6th Grade
Girls
Youth Volleyball League
\$320.00/TEAM**

**LEAGUE DATES- August 21-October 16
LEAGUE DEADLINE- August 12, 2016**

*** To enter fill in and send this form along with a check or money order to:

City of Sgt. Bluff, 401 4th St. PO Box 703, Sgt. Bluff, IA 51054

*** For more information call Parks & Rec Department @ 712-943-5800

jacob@cityofsergeantbluff.com or www.cityofsergeantbluff.com

DIVISIONS: PLEASE CIRCLE ONE- (GRADE AS OF 2016-2017 SCHOOL YEAR)

GRADE LEVEL- 4th 5th 6th

Team Name: _____

Coach's Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Waiver Clause: Please submit a roster with players name and parent signatures with this registration form: I hereby waive and release any and all rights for damage I may have against the City of Sgt. Bluff and Sgt. Bluff Community School District for any and all injuries suffered in tournament play.

- Games played at High School and Middle School- 4 Courts
- Coaches will receive league schedule 5-6 days prior
- 16 teams accepted per division
- End of Season Tournament- Oct 16th
- Games will run from noon-5pm
- Players may only play in one division
- Deadline is August 12th, 2016
- Game Schedule will be based on number of teams
- Teams will provide score table help

ROSTER

PLAYER 1: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 2: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 3: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 4: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 5: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 6: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 7: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 8: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 9: _____ DOB: _____

PARENT SIGNATURE: _____

PLAYER 10: _____ DOB: _____

PARENT SIGNATURE: _____

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