## 2017 4X4 Youth Volleyball League Boys and Girls grades 5th-12th



GODFREY PARKS AND RECREATION

Bump, set, spike! Improve your volleyball skills and have fun through team practice and competition. Participants will be divided into co-ed leagues based on grades: 5th/6th, 7th/8th, and 9th/12th. Please indicate preferred team members on the registration form. Maximum roster size is six players. Teams will have practices and games and conclude the season with a one-day tournament. All players will receive a team t-shirt that they will wear to games. Participants need to wear gym shoes and comfy clothes. Kneepads are encouraged but not required.

## **Dates, Location and Times**

Saturdays beginning March 25 through May 20th at North Elementary School between 11:30 am-5:00 pm. (March 25, April 1, April 8, 22, 29, May 6, 13, 20).

Participants will be called on Monday, March 27 to let them know what time they will be scheduled on Saturday, April 1. Schedules and t-shirts will be passed out on April 1. (Dates and times are subject to change)

## **Registration**

Participants may register online by visiting our website at www.godfreyil.org or during regular office hours (*Monday-Friday, 8 am –12 pm; 1-5 pm*) or

by mail to: Godfrey Parks and Recreation, P.O. Box 5067, 6810 Godfrey Rd. Godfrey, IL, 62035.



## **Fees**

Early Registration • January 23 - February 17• Regular Registration • February 21 - March 17Early RegistrationResident\$35Non-Resident\$45Regular RegistrationResident\$40Non-Resident\$50For more information, please call 466-1483, or visit our website www.godfreyil.org. We can also befound onfacebook

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201/	1X4 Youth Volleyball League		SHIRT SIZE (Circle One)	
Name		Male Female	YS YM YL AS	S AM AL AXL
Address	City	Zip	_ Phone	
Birth date/ Age	School Attending		Grade	
Teammates (if requesting)				
Email Address				_
Any Medical Conditions? $\Box$ Yes $\Box$	No			
Emergency Contact	R	elationship	Phone	
***I, the undersigned parent or legal guardi. Volleyball League. It is agreed that the name Godfrey Parks and Recreation Department re	ed organization or employees a	ssume no legal liability for i		
Signature of Parent/Guardian		Date	R	Office Use Only RE: NE:
Name Printed			R	RR:NR: