



YOUTH VOLLEYBALL LEAGUE

The objective of this program is to provide an opportunity for children to play indoor volleyball in an organized recreational setting. Our emphasis is on teaching the values of good sportsmanship, teamwork, goal setting and skill development in a fun and safe atmosphere. Please be sure to indicate player's grade during the 2025-26 school year.

Leagues: 4-5 Grade & 6-8 Grade

Team and Leagues will be formed by current grade during the 2025-26 school year.

- **Teams** and leagues will be formed by staff at Sports Pavilion Lawrence and coached by volunteer coaches. Not all teams will be made up of children exclusively from the same school. Team assignments depend a great deal on volunteer coaches and the school their child attends.
- **Practices** begin the **week of August 25**. One 1hr practice/week will be determined by the coach and will take place at a LPRD facility.
- **Games** will be held at Sports Pavilion Lawrence on Sunday afternoons or evenings **September 7 – October 12**.

Participation Fee - \$55

Add \$15 after the deadline (8/1)

Checks payable to LPRD

Game shirts will be provided

No refunds after practices have started

Scholarship applications available online at lprd.org or Sports Pavilion Lawrence®, 100 Rock Chalk Lane.

2024 FALL YOUTH VOLLEYBALL REGISTRATION

Fee - \$55 Add \$15 after the deadline
Registration Deadline – Friday, August 1

Registration Options

- Register online at www.lprd.org
- Mail to: Sports Pavilion Lawrence
100 Rock Chalk Lane
Lawrence, KS 66049

Late registration will need to be hand delivered to Sports Pavilion Lawrence

Please indicate league: 4th-5th Grade _____ 6th-8th Grade _____

Player's name: _____
(one child per form) Last First

Address: _____ Home Phone# _____
Street City Zip

Email: _____ M/F _____ Grade: (2025-2026 school year) _____ Birthdate _____

School Attending: _____ T-Shirt Size (circle): YS YM YL AS AM AL

Name **ONE** friend you would like to be placed on a team with (first & last name): _____ School: _____

*We will do our best to place your son/daughter on a team with **the CLASSMATE** listed above (friend must be registered by the deadline).*

Some schools may not have all their classmates on the same team. No refunds after practices begin.

Participants Parents Name(s): Parent/Guardian: _____ Parent/Guardian: _____

I consent to my child's participation in the Lawrence Parks & Recreation sponsored Youth Sports Program. I recognize there may be potential hazards in this activity. He/she is in good physical condition and will follow all Lawrence Parks & Recreation rules and regulations. I also consent to the use of my child's photo in publicity material for the Lawrence Parks & Recreation Department.

Parent or guardian signature: _____ Date: _____

Parent Volunteer Coaches Needed!!!! (head coaches only)

I wish to be considered as a **head coach** for my child's volleyball team: _____ (deduct \$10 if you sign up **PRIOR** to deadline)
Please note: Not ALL who sign up to coach will be given a team! There may be several people who are assigned to one team as co-coaches.

Coach's Name: _____ Cell phone# _____

Email address: _____ I coached last year: _____

Office Only

Please check appropriate league

_____ 4-5th grade – 424500-A

_____ 6-8th grade – 424501-A

Cash/CC _____ Check # _____

Date: _____ Rec. by: _____

Location: _____