



**MINIMUM 8
GAME SEASON**

**LEAGUE BEGINS
MARCH 30TH**

YOUTH VOLLEYBALL LEAGUE

4TH-9TH GRADE GIRLS

Early Registration: January 26th - February 20th

Early Registration Fee: \$50

Late Registration: February 23rd - March 13th

Late Registration Fee: \$60

Informational Meeting: March 18th @6pm, Hart-Patterson Track Complex

Games played at City of Waco Community Centers

Get ready to BUMP, SET, AND SPIKE your way into fun at our 4th-9th grade girls volleyball league! No matter your skill level, you'll learn the game, make new friends and have a ball all season long!

REGISTER NOW

**VOLUNTEER COACHES NEEDED! PLEASE EMAIL
ATHLETICS@WACOTX.GOV IF INTERESTED!**

ATHLETIC CONTACT INFORMATION

- 3113 Clay Ave, Waco, Tx
- athletics@wacotx.gov
- Hours: M-F, 8:30AM - 4:30PM
- teamsideline.com/waco
- (254) 750-5875

City of Waco

Youth Volleyball League

PARENTAL CONSENT AND RELEASE

Child's Name (Legal): _____ Date of Birth: _____

Child's Preferred Name: _____

Child's Shirt Size (circle one): **YOUTH:** XS S M L **ADULT:** S M L XL 2XL 3XL 4XL

Child's Grade (2026-27 School Year): **4th** **5th** **6th** **7th** **8th** **9th**

Parent(s)/Legal Guardian(s) Name(s): _____

Address: _____ City: _____ Zip Code: _____

Telephone Number(s): _____ Email: _____

I, the undersigned, hereby release and hold harmless the City of Waco, Texas, its officers, and employees, from all liability in connection with the Youth Volleyball Program, which will be held at various locations in the City of Waco.

This is to release the City of Waco, Texas, its officers, and employees from any responsibility for any loss, delay, injury, or damage with respect to the above-designated minor or his/her property, however arising or caused.

I, therefore, understand that the City of Waco, Texas, has acted as an agent for me the undersigned in providing equipment and training for the above-designated minor in conjunction with the above-stated program/activity, and that the City of Waco is not to be held responsible for any act, error, omission, or incident involving the above-designated minor during the time he/she is participating in the program or activity and that the undersigned hereby discharges the City of Waco, its officers and employees, from any and all future liability which may be caused or arise, whether arising from the negligence of any City of Waco officer or employee or the negligence of any third party, whether or not connected with or contracted with by the City of Waco in connection with the program or activity. By signing below, I also grant to the City of Waco permission to obtain emergency medical care if necessary.

Signed: _____
(Parent or Legal Guardian)

Date: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING:

Name: _____

Relationship: _____

Home/Cell Phone: _____ Business Phone: _____

Address: _____ City: _____ Zip Code: _____

Doctor's Name: _____ Office Phone: _____

Doctor's Address: _____

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