



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 2025-2026 school year.

Leagues: 4th-5th Grade & 6th-8th Grade

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

- **Teams** will be coached by volunteer coaches, mostly parent volunteers. 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 January 19th**. One 1hr practice/week will be determined by the coach
- Games will be held at an LPRD facility Sunday early afternoons or evenings February 1st-March 15th.

Participation Fee - \$55

Add \$15 after the deadline (12/12/26)

Checks payable to LPRD

Game shirts will be provided

No refunds after practices have started

Registration Options

Register online at www.lprd.org

In person at a LPRD office

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

2026 WINTER YOUTH VOLLEYBALL REGISTRATION

Fee - \$55 Add \$15 after the deadline Registration Deadline – Friday, December 12th

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:

ease indicate league: 4 th -5 th Grade 6 th -8 th Grade			100 Rock Chalk Lane Lawrence, KS 66049 Late registration will need to be hand delivered to Sports Pavilion Lawrencer				
(one child per form) Last	First		uenver	eu to Spo	ris Fuvii	ion Luwr	encer
Address:			Hon	ne Phone	:#		
Street	City	Zip					
Email:	M/F Grade:	(2025-2026 school year	ar)	Birtl	ndate		
School Attending:	T-S	hirt Size (circle): YS	YM	YL	AS	AM	AL
Name <i>ONE</i> friend you would like to be placed on a teat We will do our best to place your son/daughter on a tea Some schools may not have all their classmates on the	m with <i>the <u>CLASSMATE</u></i> listed a	bove (friend must be register	Sed by the de	chool: _			
Participants Parent/Guardian Name(s): I consent to my child's participation in the Lawrence Parks & R condition and will follow all Lawrence Parks & Recreation rule							
Parent or Guardian Signature:		Date:					
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Office Only Please check appropriate	league
4-5 th grade – 124500	_
6-8 th grade – 12450	l-A
Cash/CC Check #	
Date:Rec. by: _	
Location:	