Peosta Community Centre –2026 - 5th and 6th Grade League

Name of Team: _____ Grade Level: _____

Team Manager: _____ Phone #: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____ Email: _____

NAME	ADDRESS	CITY	PHONE	PARENTS SIGNATURE (Read Waiver Below)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Parent or Guardian Signature REQUIRED above for each player.

I hereby understand that my daughter is registering to participate in the program state on this sheet, sponsored by the Peosta Community Centre. In addition, I understand that this program, like all physical activity, has some inherent risk involved. Furthermore, my son, daughter or self is in good physical condition appropriate for the stated activity and that participant must assume full responsibility for injuries incurred while taking part in these programs. No accident insurance is provided through the City of Peosta. A doctor's release may be required after a serious illness, injury or hospitalization, before returning to the program.

MANAGER READ CAREFULLY: As manager/representative of the above stated volleyball team, I hereby attest and witness that the above stated members of the team roster have of their own free will elected to participate in this year's volleyball league sponsored by the Peosta Community Centre. In addition, the above stated members of the team and all persons associated with your team understand that the stated activity, like most physical/athletic activity, has some degree of inherent risk involved. Furthermore, all participants are in good physical condition appropriate for the state activity and that the above participants must assume full responsibility for personal injury incurred while taking part in the league. This also involves going to site/leaving for home during the dates of the league.

No Accident insurance is provided through the City of Peosta or the Peosta Community Centre

Signature of Team Manager: _____ Date: _____

Due by October 2nd, Season Starts October 25th for five weeks, $175 per team

- Dates: October 25th, November 1st, 8th, 15th, 22nd
- Games will be played every hour starting at 7:15 a.m. on Sunday mornings.
- Please note: I do not need the entire form filled out until the first day of games. You can submit the form with payment to get registered and then update the form by the first week of games.
- We will take a maximum of 12 teams. (We will create a waiting list if there are more teams and see if we can accommodate.)
- You have to sign up as a team.
- We will play best of 3, 3rd game to 15 if needed.
- Teams will have to ref each other's games, it will be noted on the schedule
- Please note that this league fee includes the league on Sunday mornings, no practices.
- If you have any questions, please contact Stacey at 563-556-8751 or sbauer@cityofpeosta.org