



Spring Volleyball 2019
2nd thru 8th Grade Girls Divisions

All Games will start the week of **February 25, 2019 at WEST MIDDLE**
M/T/TH Nights (2 games per week) or Play Double Headers
RULES can be found at www.siouxlandyouthathletics.org

PLEASE PRINT

Team Name _____
Special Requests (Nights?) _____
Coach Name _____ Home Phone _____
Address _____ Cell Phone _____
Work Phone _____
Contact E-MAIL _____

****TEAM REGISTRATION ONLY****
Deadline - February 4, 2019
\$ 70.00 PER PLAYER
All player fees must be paid in full by:
February 25, 2019 (first game date)

Circle Grade Division (Grade as of August 1, 2018)

2nd ---- 3rd/4th ---- 5th/6th ---- 7/8th

PLAYER 1 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 2 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 3 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 4 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 5 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 6 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 7 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

PLAYER 8 NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____ GRADE _____
PARENT/GUARDIAN SIGNATURE _____

FOR ADDITIONAL PLAYERS PLEASE FILL OUT ANOTHER FORM AND MAIL IN TOGETHER

E-mail to Siouxlandyouthathletics@gmail.com... or Mail all forms and fees to...

SYA
PO Box 115
Sioux City, IA 51102

BY SIGNING MY SIGNATURE My child has my permission to participate in the activities indicated on this form. She is in good physical condition and has not had any serious illness or operation since her last physical examination. I agree to cooperate with all Codes of conduct/zero tolerance policies of SYA. I further agree to hold SYA and its agents harmless in the event of injury sustained by my child. I grant permission for my child to be photographed and pictures released to SYA.