

## Must be signed for your child to play

### PARENT/GUARDIAN PLAYER WAIVER:

I certify that this child is in normal health and capable of participation in Youth Volleyball. I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does **NOT** carry accident insurance on league participants.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Code of Conduct:

In order for participation in our program please read the following and sign.

#### **Sportsmanship is not an option!!**

We strongly encourage our parents/spectators to lead by example. Positive and supportive adults create an environment that best helps a child to learn and grow. Please know that disparaging comments will **NOT** be tolerated and will be addressed **very** firmly, with the possibility of your child being kicked off the team with no refund.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The above paragraph is a must and will be enforced.

**WIN AND LOSE GRACIOUSLY - - SUPPORT  
DON'T CRITIZE - - RESPECT PLAYERS,  
COACHES, REFEREES, AND EACH OTHER**



**3<sup>rd</sup> – 6<sup>th</sup> Grade**

# VOLLEYBALL

## REGISTRATION

FALL 2024

# TIPTON REC



# PROGRAMS

- \*Flag Football   \*Volleyball   \*Basketball   \*Soccer
- \*T-Ball   \*Baseball   \*Softball
- \*Red Cross Swimming Lessons   \*Swim Club
- \*Also offering private Swim Lessons for any age throughout the year
- Summer Camps
- \*Basketball   \*Dance/Cheer   \*Pickleball   \*Tennis   \*Volleyball   \*Soccer

visit [www.tiptoniowa.org/city/parks\\_rec.htm](http://www.tiptoniowa.org/city/parks_rec.htm)

for more information

700 Park Rd, Tipton, Iowa 52772

(563)886-2271

# TIPTON YOUTH VOLLEYBALL

## REGISTRATION DEADLINE:

**Thursday, August 29**

## COST:

**\$30.00**

## SEASON:

**September 9 – October 13**

**PLEASE VOLUNTEER:** The Tipton Rec Dept. depends upon volunteers. Our volunteers help the kids to understand the rules, learn the fundamentals of the sport, and most importantly teach sportsmanship. The Rec Dept. will provide training and resource material for planning and conducting practices and games. Without volunteers we could not provide the best program possible for your child. **HAVE AN IMPACT! MAKE A DIFFERENCE.**

**Coaches Meeting: Wednesday, September 4 @ TBD**

**PRACTICES:** Practices will be set up by the coaches at the coaches meeting. **Your coach will contact you for your first practice after September 6.** Basic skills are taught with an emphasis on teamwork & fair play.

**GAMES:** The season will consist of 5 games being played on Saturdays (3-4 Grade) or Sundays (5-6 Grade). Practices will be at the Tipton High School 1925 or 1952 gym. Games will be played in other communities other than Tipton and surrounding towns.

**FUTURE TIGER NIGHT!** – Come to the Tipton Tigers High School Volleyball game on Tuesday, September 17 at Tipton Middle School and your team will be announced in between the JV and Varsity matches. Wear your team shirt and get in FREE! Be there by 6:45 pm

**\*\*If financial assistance is needed, please contact Adam Spangler for more information by calling him at the James Kennedy Aquatic Center at 563-886-2271. Financial assistance is only available for Tipton students.**

Visit [www.tiptoniowa.org](http://www.tiptoniowa.org) for more information

# VOLLEYBALL REGISTRATION

Fall 2024

ONE CHILD PER FORM

[www.tiptoniowa.org](http://www.tiptoniowa.org)

*(Please fill in the information according to the 2024-25 school year)*

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ School Attending: \_\_\_\_\_

Zip: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ Height: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

**PARENT INVOLVEMENT: Our kids need your help!**

Name: \_\_\_\_\_  Coach  Asst. Coach

Shirt Size: YS YM YL AS AM AL AXL

**\*\*If coaching, choose a shirt size for yourself**

Please Circle one: Beginner Average Advanced

Method of payment: Cash Check Credit Card

**\*\*Make checks payable to: Tipton Recreation Dept.\*\***

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CVC: \_\_\_\_\_

**\*\*Signatures REQUIRED on back\*\***

<u>For office use only:</u>	
Date: _____	Initial: _____
Pymt: \$ _____	Ck # _____ Cash CC