



2023 ADULT FALL VOLLEYBALL LEAGUE REGISTRATION FORM

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____

Street

City

Zip

PHONE: DAYTIME #: _____ EVENING #: _____

(These numbers will be printed on schedules unless otherwise noted.)

E-MAIL: _____ (Please include for communication purposes)

This will be how we will communicate game changes on team sideline www.teamsideline.com/janesville

Schedules and notifications will be sent via email ONLY to team managers, so please use an email account you check regularly and pass on to all teammates.

Should you wish for schedules to arrive in the mail, please check here .

Managers: Please refer teammates to view schedules and rules at www.teamsideline.com/janesville

() NEW TEAM (Placed on a first come first serve basis where openings are available.)

() RETURNING TEAM : League Last Year: _____

League Desired This Year: _____

(Please complete following if sponsor/manager has changed.)

Team Name (last year) _____

Manager (last year) _____

Please indicate the division your team desires:

___ Women's Tuesday

___ Men's Thursday

Please indicate the level of play desired:

Highly Competitive ___

Competitive ___

Competitive/Recreational ___

Recreational ___

Marshall MS
Game Times:
6:25PM
7:30PM
8:35PM

Franklin MS
Game Times:
6:45PM
7:50PM
8:55PM

Fees, registration form, and roster are due at the Recreation Division Office, 18 N. Jackson Street, by **Tuesday, August 22nd, 2023.** Hours are Monday-Friday 7:30a.m.-4:30p.m. There is a drop box outside City Hall on the Wall Street Entrance for after-hours drop-off. **RETURNING TEAMS WHO DO NOT MAKE THE DEADLINE WILL LOSE THEIR RETURNING TEAM STATUS. League play begins September 5 (Women's) and September 7 (Men's) at Marshall and Franklin Middle School Gyms.**

Managers: If no sponsor, please collect fees from players & submit one check to the City of Janesville.

Team Fee (includes 10 players & sub fee*) \$205.00

*(Includes a maximum of 6 one time use subs used per season-not listed on your team roster)

Extra Players (over 10) \$10.00 each _____

(There are no additional non-resident player fees)

TOTAL TEAM FEES PAID _____

Office Use Only: Check # _____ Cash ___ Charge ___ Date Paid _____ Paid By: Sponsor ___ Manager ___

Physical Address: 18 N. Jackson Street Mailing Address: PO Box 5005, Janesville, WI 53547-5005

Phone: (608) 755-3030 Website: www.janesvillewi.gov/recreation Roster on Back→

ADULT VOLLEYBALL ROSTER REGISTRATION

We, the players of _____ volleyball team, agree to play with said team during the season or until given a release by said team and same is recorded with the Janesville Recreation Division Office. We further agree to abide by the Rules and Guidelines for Adult Athletics and the Janesville Recreation Division. We further agree to return to the site supervisor, before being released or at the end of the season, all equipment issued to us.

Rosters must be fully completed when turning in with payment!

TEAM _____ LEAGUE _____ LEVEL OF PLAY _____

PLAYERS ARE NOT LEGAL, UNLESS WE HAVE FIRST & LAST NAME, ADDRESS, PHONE #, & SHIRT SIZE!

Site Sup. Only		Player's Name	Street, City, Zip	Phone Number	Shirt Size*
Game 1	Game 2				
		1. (Mgr.)		Home: Work:	
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
		13.			
		14.			
		15.			

**We award t-shirts to league champions.*

As the manager of this team, I understand that I am responsible for the eligibility of the players on this team. I have completely checked the eligibility of all players and to my knowledge the players of this team are in compliance with the eligibility rules.

Manager's Signature _____