

FALL '25

Youth Coed Volleyball Information Form



REGISTRATION TAKEN BY: _____

PARTICIPANT INFORMATION:

Division Registration: (Select) **A** ☐ 13-15 Yrs. ☐ **B** 10-12Yrs.

Participant's Name: _____

Date of Birth: _____ Age: _____ Male: ☐ Female ☐

Age (Through November 15, 2025): _____ School: _____ Grade: _____

(NO Child 9yrs or Younger; Your Child **Must be 10yrs By September 2nd, 2025.**)

Jersey Size (Select One): ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL

Short Size (Select One): ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL

I understand that an additional **\$35** fee will be charged for any re-orders of incorrect sizes. _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Main Contact Person: _____ Main Contact Phone: _____

Email: _____

Emergency Name: _____ Phone #: _____

Are any special medical accommodations needed for your child to participate in this program? Yes / No
If yes, please explain: _____

Practice days and times are determined by the gym and volunteer coaches' availability. Note: team is determined by a blind draw with skill level considered. **NO SPECIAL ACCOMMODATIONS FOR SPECIFIC COACHES, w/SPECIFIC PLAYERS, PRACTICE DAYS, TIMES, OR PRACTICE SITE WILL BE GRANTED.** Once placed on a team a **\$35** uniform fee will be assessed prior to any refund. **No refund after the 1st day of practice.** Please Initial _____

Mandatory assessment date August 26th

B Div. 6-7 p A Div. 7:15-8:15p

Players will need to perform an assessment test prior to the season starting to help staff make fair teams for the season. Players will be rated by staff and coaches in a one-time practice involving other participants in the league. **Please initial** _____

CITY OF PICO RIVERA HOLD HARMLESS AGREEMENT

I agree to waive and release the City of Pico Rivera and it's officers, agents, and employees from and against any and all claims, cost liabilities, expenses or judgments, including attorney's fees and court cost arising from my (or my child's) participation in the City's recreation program or any illness or injury resulting therefore, and hereby agree to indemnify and hold harmless the City of Pico Rivera from and against any and all such claims, whether caused by negligence or otherwise, except for any claims resulting from the sole negligence, gross negligence, or intentional conduct on the part of the City or its employees. I understand that by signing this waiver, I am freeing the City of Pico Rivera and its employees, officers, or agents from any liability resulting from my (or my child's) participation in this event or activity. I hereby represent that I understand and am familiar with the nature of the activities in which I (or my child) will participate in this recreation program. I personally read and understand this release.

Parent/Guardian Signature: _____ **Date:** _____

CITY OF PICO RIVERA PHOTO/VIDEO RELEASE

I give my permission to the City of Pico Rivera to photograph/video tape me or my children participating in the programs for use in the City of Pico Rivera publicity and publications and will not seek compensation for such. Videos/photos will be used for the purpose of promoting various programs and services to the community.

Parent/Guardian Signature: _____ **Date:** _____

PARENTS CODE OF ETHICS

I hereby pledge to provide positive support, care and encouragement for my child participating in the City of Pico Rivera Youth Volleyball League by following this Parents Code of Ethics Pledge:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and staff at every game and/or practice. I will place the emotional and physical wellbeing of the participants before any personal desire to win. I will support coaches, officials and staff working with my child, to encourage a positive and enjoyable experience for all. I will only cheer for my child's team in a positive and collective manner and will not cheer against any other participants. I will respect the commitment of my volunteer coach and allow them to coach the team without my interference at any game and/or practice. I will remember that all the games are for the kids on the court and not the adults in the stands. I will refrain from using any profanity or negative comments toward any player, coach, official and/or staff. I will demand a youth sports environment for my child that is free of drugs, tobacco, and alcohol and I will refrain from their use at all youth sports functions. I understand that the Pico Rivera Youth Sports program emphasizes FUNdamentals and Sportsmanship before winning. I understand that if, at any time, I or personal visitors of my child violate any portion of the Parents' Code of Ethics and/or the "Disruptive Patrons PRMC 8.44.010"; I may be removed from gym and/or any further participation as a Spectator.

Parent/Guardian Signature: _____ **Date:** _____

MANDATORY PARENT MEETING

One parent of participant (s) must attend on the date listed below, whether it's your child or children 1st time in our league or shows a record that no parent has ever attended.

Tuesday, August 26, 2025 6:45 pm - 7:15 pm - Rivera Park Gymnasium (Grass Area)

I understand that my child will not be able to participate in the city program if a Parent or Guardian does not attend the **MANDATORY** parent meeting.

Parent signature _____

Parent signature _____