

**ELLSWORTH RECREATION DEPARTMENT
YOUTH VOLLEYBALL LEAGUE**

The Ellsworth Recreation Department is dedicated to building and enhancing the mental and physical health, happiness, and well-being of the youth, adults, and families in our community by promoting social interaction and productive use of leisure time. We take an active approach to the development and enhancement of youth and adult programs while striving to be the leader in our community by providing health and wellness opportunities to all.

PROGRAM INFORMATION: Youth Volleyball is offered for grades 3rd - 4th and grades 5th - 6th. For more information, please call the **Ellsworth Recreation Department at 472-4123**.

REGISTRATION INFORMATION: Register online or *forms can be found on the city website and at the Recreation Center*. Registration Deadline is Friday, July 31st. The registration fee is \$35.00 for the first child and \$30.00 for each additional child. After July 31st, registrations will be accepted if participant numbers are low. A \$5.00 late fee will be charged. **Make Checks payable to City of Ellsworth. Forms with payment can be dropped off at the Ellsworth Rec Center in the office or drop box.**

PRACTICE TIMES: Practices will start in late August. Times will be determined during the coaches' meeting and will be set for the remainder of the season. Most practices will be held on Sundays or the evenings, during the week.

EQUIPMENT: Teams will be provided with volleyballs but participants will need to furnish their own knee pads.

2026 YOUTH VOLLEYBALL LEAGUE

Name of Participant: _____

Male _____ Female _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name: _____ Phone # _____

Parent/Guardian Name: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Age/Grade: _____ Shirt Size: _____

(Please complete the reverse side.)

NATIONAL STANDARDS FOR YOUTH SPORTS

#1 PROPER SPORTS ENVIRONMENT- Parents must consider and carefully choose the proper sports environment for their child, including the appropriate age and development for participation, the type of sport, the rules of the sport, the age range of the participants, and the proper level of physical and emotional stress.

#2 PROGRAMS BASED ON THE WELL-BEING OF CHILDREN- Parents must select youth sports programs that are developed and organized to enhance the emotional, physical, social and educational well-being of children.

#3 DRUG, TOBACCO & ALCOHOL-FREE ENVIRONMENT- Parents must encourage a drug, tobacco and alcohol-free environment for their children.

#4 PART OF A CHILD'S LIFE- Parents must recognize that youth sports are only a part of a child's life.

#5 TRAINING- Parents must insist that coaches are trained and certified.

#6 PARENT'S ACTIVE ROLE- Parents must make a serious effort to take an active role in the youth sports experience of their child providing positive support as a spectator, coach, league administrator and/or caring parent.

#7 POSITIVE ROLE MODELS- Parents must provide positive role models, exhibiting sportsmanlike behavior at games, practices, and home while also giving positive reinforcement to their child and support to their child's coaches.

#8 PARENTAL COMMITMENT- Parents must demonstrate their commitment to their child's youth sports experience by annually signing the Parents Code of Ethics Pledge.

#9 SAFE PLAYING SITUATIONS- Parents must insist on safe playing facilities, healthful playing situations, and proper first aid applications, should the need arise.

#10 EQUAL PLAY OPPORTUNITY- Parents, coaches, and league administrators must provide equal sports play opportunity for all youth regardless of race, creed, sex, economic status or ability.

#11 DRUG, TOBACCO & ALCOHOL-FREE ADULTS- Parents must be drug, tobacco and alcohol-free at youth league sporting events.

As a parent, I do hereby give permission to named participant to participate in the Ellsworth Recreation Department Program. I understand the nature of the sport may provide an opportunity for injury and certify that the above participant is physically capable of participating.

List any medical conditions: _____

Signature of Parent/Guardian _____ Date _____

I am interested in coaching a team.

Name _____ Age/Grade _____ Head Coach _____ Assistant Coach _____