

TEAM ROSTER

2026 Coed Volleyball

Please email completed form to parks.rec@juneau.gov by Thursday, January 8.

The \$50 late fee will be charged to the team if received during late registration on Friday, January 9.

	Print Name	Email Address	Registration/ Receipt Payment Number
1			
2			
3			
4			
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11			
12			

Team Manager: _____ Day Phone: _____

Email: _____ Eve Phone: _____

Mailing Address: _____

Alt Team Manager: _____ Day Phone: _____

Email: _____ Eve Phone: _____

Mailing Address: _____

MANAGER/ALTERNATE: I will read and transmit the league rules to the members of my team and agree that my team will abide by said rules. I will be the official contact between Parks and Recreation and can be reached at the above phone numbers. I will relay all messages received from Parks and Recreation to the members of my team.

Manager Signature: _____

Team Name: _____ Receipt # (for team fee): _____

OFFICE USE ONLY: Date Received: _____

CLASSIFICATION SHEET

2026 Coed Volleyball

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1. What division do you want to play this season?

First Choice 1 2 3North 3South 4 5

Second Choice 1 2 3North 3South 4 5

2. If your team played last season, what division did it play in?

2025 COED 1 2 3North 3South 4 5

3. How many member's are returning from last season? _____

4. How many years has this team (core group of 3 or more) played together? _____

5. Compared to last season's team, how do you rate this team?

Better About the Same Worse New Team

6. How many players on your team are new to the game of volleyball? _____

7. List player experience below:

	Player's Name	List P&R volleyball team and season you participated in	How many years of past experience do you have?
1			
2			
3			
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6			
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9			
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12			

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