

ADULT CO-REC VOLLEYBALL LEAGUES

The co-rec volleyball season is set to begin early January at Marshall or Franklin Middle Schools. When Marshall or Franklin Middle Schools are not available, games will be played at Edison MS. Leagues play on Monday, Tuesday, Wednesday, and Thursday evenings (some nights have multiple leagues on a night); with Monday nights being the most competitive league and the nights get less competitive as it gets later in the week (Thursday nights are least competitive with only underhand serving allowed). Please have your team play on the night you fit based on your level of play and not just the night that works for your players to play. This will help keep the leagues fun for all participants. **NEW in 2025: there are no restrictions on the number of teams a player can be permanently rostered on within our winter co-rec volleyball leagues.**

The **deadline for new and returning teams will be Thursday, December 12th, 2024.** After this date, teams will lose their returning team status and be placed on a first come first serve basis with the new teams. New teams will be placed in league openings on a first come, first served basis after the deadline, depending on the level of play desired and openings available. Please get your roster and fees in by the deadline so schedules can be sent out in a timely manner. A minimum of four teams per league are needed for the league to run. **Team fees will be \$225 (includes 10 permanent team players AND 6 one-time subs) and an additional \$10 per player (over 10).** Don't forget, we have a list of players looking for a team; contact our office if you are interested. **Games begin the week of January 6th, 2025.**

If you have any questions, rule change suggestions, or want to get a better feel on the way leagues will be run, please call Sara Helgeson at (608) 755-3013 or email her at helgesons@ci.janesville.wi.us.

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League communications will come through Team Sideline (www.teamsideline.com/janesville) to Team Managers only and they are responsible to forward the information onto their teammates.

RAINOUT LINE

If weather is questionable, call (608) 447-4007 ext. 6, or sign up for email and text alerts here, scan the QR Code: or download the free Android and iPhone Rainout Line app to check the status of a game in the App Store or Google Play. Once the free app is downloaded, search for the City of Janesville Recreation Division.



Janesville Recreation Division
18 N. Jackson Street
P.O. Box 5005

Janesville, WI 53547-5005

Phone: (608) 755-3030

Website: www.janesvillewi.gov/recreation



CITY OF JANESVILLE

Wisconsin's Park Place

RECREATION DIVISION

2025 ADULT CO-REC VOLLEYBALL LEAGUE REGISTRATION FORM

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: Daytime () _____ Evening () _____

(These numbers will be printed on schedule unless otherwise noted)

E-MAIL ADDRESS: _____ (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)

☐ Underhand Serving Only

☐ Overhand Serving Optional

Team Playing Experience/Level: _____

☐ **RETURNING TEAM**

League Last Year: _____

League Desired This Year: _____

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

Team Name (last year) _____

Manager (last year) _____

ALL TEAMS: Please check the level of play & night your team fits competitively:

Marshall MS	Marshall/Franklin MS	Marshall MS	Marshall MS
Highly Competitive	Competitive	Competitive-Recreational	Recreational
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday

(Underhand Serving Only)

Fees, registration form, and roster are due at the Recreation Division Office, 18 N. Jackson Street, by **THURSDAY, DECEMBER 12TH, 2024**. There is a drop box outside City Hall at 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 the week of January 6th 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*) \$225.00

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

Extra Players (over 10) _____ X \$10.00 = _____

If league champion last year and chose \$25 off certificate for this season; please provide certificate with this form. _____

No non-resident fees!

TOTAL TEAM FEES PAID _____

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

Roster on Back →

Marshall MS*

Game Times:

6:25 p.m.

7:30 p.m.

8:35 p.m.

Franklin MS*

Game Times:

6:45 p.m.

7:50 p.m.

8:55 p.m.

*** Edison will be back-up option**

CITY OF JANESVILLE
18 N. JACKSON STREET
PO BOX 5005
JANESVILLE, WI 53547-5005

RECREATION DIVISION
PHONE: (608) 755-3030
www.janesvillewi.gov/recreation

ADULT CO-REC 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 Upper or Lower NIGHT M or Tu or W or Th
(Circle one above) (Circle one above)

PLAYERS ARE NOT LEGAL, UNLESS WE HAVE FIRST & LAST NAME, ADDRESS, PHONE #, AND 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.			

*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 _____

If your team is the league champion what would you like to receive (please check 1):

☐ Sponsor plaque

☐ \$25 off certificate next season's play