



Richmond Parks & Recreation Adult Co-ed Volleyball Tournament

(High school- adult)

REGISTRATION DEADLINE: November 1, 2026

Registration Fee: \$200.00 per team Tournament: November 7, 2026

Tournament Location: Richmond City Gym (205 Summit St.)

Captains: The tournament brackets and rules will be emailed Thursday, November 5, by 7pm.

(Teams play three women and three men at a time)

Guarantee Three Games; Proceeds go towards City Gym Improvements

*In order to participate/have a team on the bracket, **the registration fee must be paid in full on or before the registration deadline.***



Scan to sign
team up online

Team Captain: _____ E-mail: _____

Address: _____ Phone: _____

I, the participant or the guardian of the below named candidate for a position on a parks and recreation team, hereby give my approval to participate in any and all recreation activities, including transportation to and from the activities. I am aware that participation in this tournament may result in serious injuries and protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Richmond Parks & Recreation Department, City of Richmond, the organizers, sponsors, supervisors, officials participants, and persons transporting myself/ or my child to and from activities for any claim arising out of any injury to myself or my child whether the result of negligence, COVID-19, or for any other cause. I agree to return equipment issued in as good condition as when received, except for normal wear and tear.

I have read and fully understand the above program details and waive and release all claims including damaged, stolen, or lost property that could occur during the recreation event. I agree to abide by the rules and regulations as set forth by the Richmond Parks and Recreation Department, for my child, myself, and our family's participation in the program. I understand that this includes, but is not limited to, good sportsmanship toward the officials, coaches, and opposing players and their coaches and fans. FAILURE TO DO SO MAY RESULT IN EXPULSION FROM THE GYM FOR REMAINDER OF GAME AND ALL FUTURE GAMES.

Signing below means that you have read and agree with the above.

Team Roster

	NAME (PRINT CLEARLY)	PHONE	SIGNATURE (IF UNDER 18, GARDIAN MUST SIGN)	DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

PROGRAM POLICIES: The Richmond Parks and Recreation Department reserves the right to cancel, combine or divide classes or programs; to change the time, date, fee or place of meeting or to make necessary revisions in any program when necessary—NO REFUNDS.

Questions? Please e-mail: Hwilliams@cityofrichmondmo.org

Please return to: Front Desk of City Hall, 205 Summit, Richmond, MO 64085, M-F, 8:00am-4:30pm.

Cannot make it to City Hall by 4:30? Put the fee/form an envelope and put in the "after hours" box outside of City Hall. DO NOT PUT CASH IN THE "AFTER HOURS" BOX.

Make checks payable to: City of Richmond.

Office Use Only

Amount Paid \$ _____ Date Recorded _____ By _____

Gym Improvement Fundraiser Revenue: 10-21-07-4495