

6727 Langley Avenue ♦ St. Louis, MO 63123 ♦ Phone: (314) 352-9920 ♦ Fax: (314) 352-9923

www.stlsportscenter.com

Youth Volleyball League Details



Youth Volleyball League

Winter 2009/2010 – Starting December 11, 2009

League Play:

Friday nights

Starting match times range between 6:15 PM to 9:00 PM

Session Length:

10 weeks / 9 games

TEAM ENTRY FORM

TEAM MANAGER/COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(HOME) _____ (CELL) _____

MAIN COMMUNICATION WILL BE THROUGH EMAIL.

PLEASE PROVIDE MOST FREQUENTLY USED EMAIL ADDRESS. EMAIL: _____

TEAM NAME: _____

Please check one division: Grade: 4th/5th 6th 7th 8th High School

TEAM ENTRY FEE: \$375

Entry Deadline is November 30, 2009

Make check payable to: ST. LOUIS SPORTS CENTER

Mailing Address:

St. Louis Sports Center ♦ 6727 Langley Avenue ♦ St. Louis, MO 63123 ♦ ATTN: Volleyball

Tony Stratman

Volleyball Director

314-352-9920 x1

volleyball@stlsportscenter.com

TEAM ROSTER: **All players must have completed waivers before they are allowed to participate.*

Name	Phone Number	E-Mail	D.O.B.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

TEAM RELEASE & WAIVER OF LIABILITY AND ASSUMPTION OF RISK: I hereby certify that the above information is correct and accurate. I understand that failure to present correct information on this roster form may result team disqualification from league. The undersigned, in return for acceptance in the activity above do hereby for myself, my heirs, executors and administrators, and other players and their heirs, on this roster, waive and release any and all rights and claims for damages I or they may have against St. Louis Sports Partnership, LLC and its representatives for any and all injuries sustained during said activity. I further agree to inform all team members and substitute team members of this waiver and to inform them of the dangers inherent to participating in the sport for which this roster is submitted.

Team Manager/Coach Signature: _____ Date: _____



**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY
AND PARENTAL CONSENT AGREEMENT**

Printed Name of Participant: _____ Date Of Birth: ____/____/____

Address: _____
Street City State ZIP Code

Cell Phone:(____) _____ Home Phone:(____) _____ Emergency Contact:(____) _____

E-mail address: _____ Team Name: _____

Youth Only School: _____ Coach's Name: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AND PARENTAL CONSENT AGREEMENT
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in **ST LOUIS SPORTS PARTNERSHIP LLC** activity ("Activity") I, for myself, for personal representatives, assigned heirs, and next of kin:

- ACKNOWLEDGE**, agree, and represent that I understand the nature of **St Louis Sports Partnership LLC** Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
- FULLY UNDERSTAND THAT: (a) ST LOUIS SPORTS PARTNERSHIP LLC ACTIVITIES INVOLVE RISK AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks");** (b) these Risks and dangers may be caused by my own action or inaction, the action or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me nor readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I Incur as a result of my participation or that of the minor in the Activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE St. Louis Sports Partnership LLC**, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such a claim.

-----MINOR RELEASE (For Participants under age of 18) -----

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ST. LOUIS SPORTS PARTNERSHIP LLC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE, IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF SUCH A CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant's Signature (if 18 or older): _____ Date: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____
(if Participant is under age 18)