

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

www.stlsportscenter.com



Youth Volleyball League

Winter 2009 - Starting first week in December

Youth Volleyball League & Developmental Volleyball Program Details

Teams will practice for one hour every week and each team will play 9 matches on Friday nights over the course of 10 weeks.

Range of Practice Times:

Monday, Tuesday, Wednesday –4:50 PM to 5:50 PM
Thursday – 4:20 PM to 5:20 PM

Divisions will be assigned to certain days & times based on majority requests from the registration forms.

League Play:

Friday nights

Session Length:

10 weeks (9 practices & 9 matches)

Teams & Coaching:

All individual players will be put on a team with 7-10 other players in their age group.

Youth Volleyball League Highlights

Program Philosophy

The goal of the St. Louis Sports Center's developmental volleyball program is to teach young volleyball players the rules, skills, and strategies of the game. Our coaching staff and program directors want to train athletes to be successful in any program they may enter. This involves a huge emphasis on skill development and teamwork. We want to develop strong well-rounded players of the game who are confident in their skills and can continue to play the sport throughout their lives.

Coaching Staff

St. Louis Sports Center coaches are current USAV or collegiate volleyball players, coaches, and/or referees. They are all seasoned players of the game and have a true passion for both playing and coaching of the sport. Our coaches have a wide array of teaching techniques and drills that they will use in order to develop the player's individual skills and teamwork.

Skill Development

Every player who enters the St. Louis Sports Center developmental volleyball program will be coached to perform the proper skills of the game. Passing, setting, serving, hitting, and digging are all key parts of the game. Our goal is to make sure that our players are performing these skills in the correct way. Coaches will spend a majority of practice time focusing in on these skills in order to make the individual player successful.

INDIVIDUAL ENTRY FORM:

PLAYER NAME: _____ Birth Date: _____

PARENT(S) NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE:(HOME) _____ (CELL) _____

MAIN COMMUNICATION WILL BE THROUGH EMAIL.

PLEASE PROVIDE MOST FREQUENTLY USED EMAIL ADDRESS. EMAIL: _____

Please Circle ANY POSSIBLE practice nights: Monday Tuesday Wednesday Thursday

How many years of experience (if any)? _____ T-Shirt Size (Youth M - Adult XXL): _____

Signing up with a friend? If so, who? _____

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

INDIVIDUAL ENTRY FEE: \$175 Entry Deadline is November 20, 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

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

For TEAM/LEAGUE entry only, please E-mail volleyball@stlsportscenter.com.



**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)