

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

[www.stlsportscenter.com](http://www.stlsportscenter.com)



## 13<sup>th</sup> Annual Gateway All-American Shootout

March 30<sup>th</sup>-April 1<sup>st</sup>



3<sup>rd</sup> Grade – 8<sup>th</sup> Grade  
Boys and Girls  
4 Game Guarantee  
\$250

9<sup>th</sup> Grade – 11<sup>th</sup> Grade  
Boys and Girls  
4 Game Guarantee  
\$330

### TEAM ENTRY FORM

HEAD COACH: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please check one:**

Boys  Girls

**Please check on:**

Grade:  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  
 9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>

**ENTRY FEE: \$225 (3-8) / \$330 (9-11) Entry Deadline is 3/16**

**Make checks payable to: RP Spartz**

Please send the completed registration form to: *RP Spartz ♦ 1553 Morning Sun Dr. ♦ St. Louis, MO 63023*

**Ren Pettinelli**  
Tournament Director  
314-401-2204  
[renniepett@yahoo.com](mailto:renniepett@yahoo.com)

**\*Roster Form must accompany Team Entry form.**

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



Roster Form

Team Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

All information must be provided for all team participants. If a listed participant failed to participate, please write in "DNP" next to the name. (Type or print)

P  
a  
r  
t  
i  
c  
i  
p  
a  
n  
t

	Name	Telephone	D.O.B.	Jersey #	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

All information must be provided for all team organizers and coaching staff members. Tournament Director is required to verify prior to the event that only approved individuals will be involved in coaching activities.

C  
o  
a  
c  
h

	Name	Telephone	Team Duties
1.			
2.			

I attest that the information listed above is accurate.

Coach's Signature: \_\_\_\_\_

The Tournament Director reserves the right to request grade and age verification. June 1<sup>st</sup> is the cutoff date for grade exceptions. Each player is required to fill out a waiver.



**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: \_\_\_\_\_ School: \_\_\_\_\_

Team Name: \_\_\_\_\_ 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 PARTY 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)