

League Registration Form

July/Aug. 2009 Session: June 23rd - August 21st

Game / League Format

- * 3 Time Slot 4 games to 25 / 2 Time Slot 6 games per night to 21
- * 3 Time Slot Rotating Times 6,7:30,9pm / 2 Time Slot Rotating Times 6:15, 8:15
- * 8 Week Session With League Tournament: Saturday, August 22nd
- * This tournament combines all of the same divisions from every co-ed 4's league Sports Oasis offers in one tournament.
- * Returning team priority deadline: 6/13/2009



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No Leagues June 30th - July 5th

2's

Sunday Co-ed (5:00pm-7:00pm) \$170 **Sorry no 2's leagues until after Labor Day**
 Sunday Women's Doubles Intermediate (1:00pm - 3:00pm) Advanced (3:00pm-5:00pm) \$170
 Sunday Men's Doubles (7:00pm-9:00pm) \$170

3's

Women's 3's Thursday (6:00pm-10:30pm) \$ 240

4's

Co-ed 4's Time block 6:00pm - 10:30pm \$ 300 4's Wed. Grass at Oakhurst park (92nd & Wadsworth)
 Mon Tues Wed Thu \$260 Plus free Spalding VB. & E.S. Tournament

Co-ed 4's
 Monday S.I.N. Bar league Co-ed 4's Late Night League (10:15pm-12:00am) \$250
 1 Free pitcher of beer every week of league play

6's

Tuesday Co-ed 6's (6:00pm- 10:30pm) \$ 300 1 Free pitcher of beer every week of league play
 Friday Co-ed 6's (6:15pm-9:15pm) \$ 300 (6's Tournament August 29th)

Sand League Waiver and Release

Volleyball of the Rockies Manager/Captain Indemnification Agreement: Manager/Captain shall indemnify and hold harmless Volleyball Of The Rockies d.b.a. Sports Oasis (hereafter referred to as VOTR) from and against all claims, liabilities, causes of action or other legal proceedings stemming from claims of negligence against VOTR or any other claim in tort or contract, by any Manager or third party whom Manager allows to participate in VOTR activities, for damage to property, injury or death of any person or persons in any way arising out of, connected to, or resulting from Manager allowing that third party or team member to participate in VOTR activities, including playing indoor or outdoor, in a confined space which might include running into equipment, beach furniture, or other players, as well as, being hit by volleyballs or slipping on a wet surface in the foot wash/shower area while at Sports Oasis, without first signing a VOTR Waiver and Release form (such form shall be made immediately available upon request from a VOTR Manager). Indemnification shall include the obligation to defend any and all actions, claims, or other legal proceedings and to reimburse VOTR for all expenses, including costs and attorney's fees incurred in connection therewith, regardless of whether such claims arose out of negligence of VOTR, its directors, agents, employees, servants, or assigns.

I HAVE READ THIS WAIVER AND RELEASE COMPLETELY AND UNDERSTAND ITS CONTENTS FULLY. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY. FURTHERMORE, I READ THE ISLAND RULES AS POSTED IN THE LOBBY AND AGREE TO THEM AND AGREE TO INFORM MY TEAMMATES OF SAID RULES.

Captain's Name (Printed) _____ **Date:** _____

Captain's Signature _____

PLEASE CHECK ONE (1) CHOICE:

Returning Captain Same Night
 I am a current returning captain & wish to re-enter team in the next session. Same day, same division, & same format.

Returning Captain, Waitlist New Night
 (same as Choice #1) HOWEVER, I would rather relocate my team to another night.

Forming a New Team
 I am a new captain to Sports Oasis Leagues & would like to form a team on the nights below in order of preference.

Preferred Night of Play (for teams wishing to be on waitlist)
 1st choice: _____
 2nd Choice: _____
 3rd Choice: _____

1 (Advanced) _____ 2 (Intermediate) _____ 3 (Recreational) _____

Divisions are not guaranteed. Please indicate your preference.

Team Manager: _____ Team Name: _____

Phone number: _____ Email: _____

Address: _____ Zip Code: _____

One payment per team please.

Registration forms must be accompanied by full payment or your team will not be scheduled to play.

Payment information: Check # _____ Cash VISA MC AMEX Discover

Name on Card: _____

Card # _____ Exp: _____ V Code: _____

Billing Address: _____ Zip: _____

Paid: _____ Date: _____ Office Use: _____ Payment type: _____ Received by: _____