

# League Registration Form

## Sept./Oct. 2010 August 23rd -October 18th

### Game / League Format

- \* 3 Time Slot 4 games to 25 / 2 Time Slot 6 games to 21
- \* 3 Time Slot Rotating Times 6,7:30,9pm / 2 Time Slot Rotating Times6:15, 8:15
- \* 8 Week Session With League Tournament: Saturday, August 21st
- \* 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: 8/06/2010 Must be payed by 8/13/10**  
(All nights should be at 3 time slots,2 Time Slots are Bonus time if leagues are not full)



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2's

___ Sunday Co-ed	(1:00pm-3:00pm)	\$170	
___ Sunday Women's Doubles	(3:00pm - 5:00pm)	\$170	<b>2's Leagues Won't start until after Labor Day!</b>
___ Sunday Men's Doubles	(11:00am - 1:00pm)	\$170	

4's

Co-ed 4's Time block 6:00pm - 10:30pm \$ 300 <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu	(4's Tournament Sat. Oct 16th)
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	
___ Men's 4's Tuesday (6:00pm-10:30pm) \$300	

6's

___ Tuesday Co-ed 6's (6:00pm- 10:30pm) \$ 300	Tuesday 1 Free pitcher of beer every week of league play
___ Friday Co-ed 6's (6:15pm-9:15pm) \$ 300	(6's Tournament Sat. Oct 23rd)

### 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: _____	<small>Office Use:</small>	Received by: _____
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