



4x4 Island Sand League Registration Winter Session, 2018

1/7 - 3/25
1/8 - 3/26
1/2 - 3/20
1/4 - 3/22

Tournament Dates:
TBD

	Time	Format	# Teams
Sun Drop-In	10:30pm-12:30am, \$8/person		
Sun Coed 4's	2:00 / 7:30 / 9:00pm	90 Minutes, 2 Matches, 4 Games, Plus Tourney	36 Teams
Mon Drop-In	3-5:45pm(Men/Women 3 nets each) \$5/person & 10:30pm-12:30am, \$8/Person		
Mon Coed 4's	6:00 / 7:05 / 8:15 / 9:25pm	70 Minute Match, 3 Games, Plus Tourney	48 Teams
Tues Drop-In	3-5:45pm(Women 1st Priority) \$5/person & 10:30pm-1:00am, \$8/Person		
Tues Coed 4's	6:00 / 7:05 / 8:15 / 9:25pm	70 Minute Match, 3 Games, Plus Tourney	48 Teams
Thurs Drop-In	3-5:45pm(Men 1st Priority) \$5/person & 10:30pm-1:00am, \$8/Person		
Thurs Coed 4's	6:00 / 7:05 / 8:15 / 9:25pm	70 Minute Match, 3 Games, Plus Tourney	48 Teams

- Hours reflected above are subject to change, always check website to verify.
- Returning Captains are guaranteed a spot in the Winter session if all paperwork is completed with full payment and is submitted by 12/3/17. Teams failing to turn in paperwork and league fees will lose their spot to teams on the waiting list.

The Island Waiver and Release

Island Manager/Captain/Players Indemnification Agreement: Manager/Captain shall indemnify and hold harmless Volleyball Of The Rockies d.b.a. The Island (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 area while at the Island, without first signing a VOTR Waiver and Release form (such form shall be made immediately available upon request from 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 grant Volleyball of the Rockies (VOTR) and it's subsidiaries, the right to take photographs of me in connection with the above-identified event. I authorize VOTR, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that VOTR may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.
I HAVE READ THIS WAIVER AND RELEASE COMPLETELY AND UNDERSTAND ITS CONTENTS FULLY. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY

Captain (Printed): _____ **Signature:** _____

Email: _____ **Cell Ph #:** _____

Address: _____ **City/ST/Zip:** _____

Division/Level of Play (Circle Preference)

- **Division 1** teams are AA/A level, most advanced league, best of the best
- **Division 2** teams are A/BB+ level, competitive league play
- **Division 3** teams are BB/B+ level, intermediate league play, not recreational
- **Division 4** teams are B+/B level, lower intermediate to high recreational league play

Are you a returning captain from the Fall Session?
 Yes or No

<u>League Night</u>	<u>List Night Preference</u> <small>(1st, 2nd, 3rd)</small>	<u>Cost \$</u>	<u>Full payment not received by Returning Teams 12/3/17</u>	<u>\$25</u>
Sunday Coed 4's (12 Wks)	_____	\$460		
Monday Coed 4's (12 Wks)	_____	\$500	Bad Check/ Bad Credit Card/ Cancelation Fee	\$20
Tuesday Coed 4's (12 Wks)	_____	\$500	Split Payment between 2 or more credit cards	\$5
Thursday Coed 4's (12 Wks)	_____	\$500	Total	\$ _____

Payment

Name as it appears on card _____ **Check#** _____

No "On File" Look Up of CC #'s
 Visa MC Amex Disc; Credit Card # _____

Expiration Date _____ 3 Digit CVV Code _____ **Cash \$** _____

Billing Address Just St # _____ Zip Code _____

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Office use only in this area: _____ Date/Time Recvd: _____ (11/22/17)