

Due to the COVID19 pandemic, extra precautions will be taken to protect the health of each athlete and the CSDP staff. All groups will be limited to 14 people (12 athletes and 2 CSDP coaches), no other individuals will be allowed in the gym. The doors will be locked, and each athlete will be greeted at the door by a CSDP coach and escorted inside. We will be implementing staggered start times, so please do not arrive early; we want to allow the earlier group time to exit the facility. We will also be cleaning the equipment after each session.



Volleyball Registration

FALL 2020

- 1 Fill out the following information, and select the clinic/clinics in which you'd like to attend below. Then fill out the waiver and photo release.
- 2 If completing the forms digitally, email finished documents to lvandersnick@springfieldmo.gov. You can also mail completed documents to: Davis House, C/O Lori Vandersnick, 5780 S. Farm Rd. 141, Springfield, MO 65810
- 3 Payment is due to confirm your registration. You can call Lori at 417-838-1275 with credit card information. Please make all checks payable to CSDP.

All clinics are held at Oreilly-Tefft Gym at 1408 E. Pythian, Springfield, MO. Sessions are \$10/class. Sign up for as many as you like.

PLAYER NAME _____ GRADE (2020-2021) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

PARENT/LEGAL GUARDIAN NAME _____ EMAIL ADDRESS _____

Clinics	\$10				
	per class				
	OCT. 21	OCT. 28	NOV. 4	NOV. 11	NOV. 18
VolleyTikes for ages 4-6 yrs. Wed., 3-3:45 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VolleyKids for ages 7-9 yrs. Wed., 4-4:45 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd-4th Grade Wed., 5-6:15 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th-6th Grade Wed., 6:30-7:45 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7th-8th Grade Wed., 8-9:15 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATHLETE'S NAME

CSDP SPORT

STREET ADDRESS

CITY

STATE

ZIP

PHONE

In consideration of being allowed to participate in any way in the Greater Springfield CODP sports programs the managed competitions, tournaments, clinics, related events and activities, I, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I, willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS
5. The Greater Springfield Community Olympic Development Program and their Board of Directors, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT SIGNATURE

AGE

DATE

For Participants of Minority Age *(Under age 18 at the time of registration)*

This is to certify that I, as parent / guardian with legal responsibility for this participant, do consent and agree to his / her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

PARENT/LEGAL GUARDIAN SIGNATURE

EMERGENCY PHONE(S)

DATE

Photo Release

I give permission for _____ *(print participant name)*
to be photographed while participating in CSDP activities, and to use any photographs for promotional purposes.

PARTICIPANT SIGNATURE OR GUARDIAN IF UNDER 18

DATE