

Fall 2008 Volleyball

Registration Closes

1st thru 5th Grades	Sun, Aug 17th
Players Clinic - @ PSA \$20.00 per player	Sat, Aug 23rd
1st thru 4th grades - 1:00 to 3:00pm	
New Coaches/Experienced Coaches Clinic	Sun, Aug 24th
On Court Training - 1:00pm	
Mandatory Coaches Meeting	
1st thru 5th Grades - 5:00pm - PSA	Sun, Aug 24th
Practices Begins	
1st thru 5th Grades	Mon, Aug 25th
Season Begins	
1st thru 5th Grades	Sat, Sept 6th
Pre-Season Tournament	
1st thru 5th Grades	Sat, Sept 6th
Mandatory Coaches Meeting	
1st thru 5th Grades - 6:00pm - PSA	Sun, Oct 26th
Post-Season Tournament	
1st thru 5th Grades	Sat, Nov 1st

Registration Fees:

Grades 1st through 5th - \$120.00 per player

8 Games, 2 Tournaments, 1 Full Court Practice Per Week (1 hour)

All games on Saturday. Practices are Monday, Tuesday, Wednesday,

Thursday, or Friday (Friday practices must finish by 5:00pm)

** if there are not enough Frisco Teams, players will have the option to play at PSA (Plano Sports Authority)



Frisco Sports Authority Volleyball Fall, 2008 Season Information

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Frisco Sports Authority

All In One Team Roster

PLEASE TYPE OR PRINT CLEARLY

INITIAL PAYMENT INFORMATION (FSA USE ONLY)		
RECEIPT NUMBER	TOTAL AMOUNT	
NO. OF PLAYERS PAID	DATE	INITIAL

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACHES LAST NAME)
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	COACHES' NAME	ADDRESS	PHONE NUMBERS	E-MAIL ADDRESS
HEAD COACH			HOME	E-MAIL
			WORK or CELL	ADDT'L E-MAIL
ASST. COACH			HOME	E-MAIL
			WORK or CELL	ADDT'L E-MAIL

	PLAYER'S NAME	ADDRESS	PHONE NUMBERS	E-MAIL & SCHOOL INFORMATION		
1			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
2			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
3			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
4			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
5			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
6			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
7			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
8			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
9			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
10			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
11			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
12			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B

➤ REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION ENDING. AFTER REGISTRATION ENDS NO REFUNDS FOR ANY REASON. REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:30AM-5:30PM

FSA OFFICE USE ONLY				
DIVISION ASSIGNMENT			PRACTICE ASSIGNMENT	
Select	Division A	Division B	Division C	

Frisco Sports Authority All-In-One Registration

I, the player's parent/guardian, understand the nature of sports and this player's experience. This player is in good health and in proper physical condition to participate in sports activities. I release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless PSA/dba FSA from all liability claims, demands, losses or damages on this player's account caused or alleged to be caused in whole or in part by the negligence of PSA/dba FSA or otherwise. I further agree that if, despite this release, I, the player, or anyone on the player's behalf makes a claim against PSA/dba FSA, I will indemnify, save, and hold harmless PSA/dba FSA from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as a result of any such claim.

PLEASE TYPE OR PRINT CLEARLY. INFORMATION MUST CORRESPOND TO THE PLAYER'S LINE NUMBER ON THE ROSTER.

	MOTHER / GUARDIAN 1	PARENT or GUARDIAN SIGNATURE (ONLY ONE REQUIRED)	METHOD OF PAYMENT			DRIVERS LICENCE # or Credit Card # and Name of Card Holder	CVV #	CC EXP
	FATHER / GUARDIAN 2		CASH	CHECK #	Visa, MC or DISC			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

- RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE
- REFUND POLICY: \$30.00 SERVICE CHARGE OF THE APPROPRIATE SPORT'S FEE PRIOR TO REGISTRATION ENDING. AFTER REGISTRATION ENDS NO REFUNDS FOR ANY REASON.
- REQUEST FOR REFUNDS MUST BE MADE IN PERSON AT PSA M-F 9:30AM-5:30PM

Coaches Application, Contract & Code of Ethics

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACHES LAST NAME)
Please check one: <input type="checkbox"/> Returning FSA Coach <input type="checkbox"/> New FSA Coach		Please check one: <input type="checkbox"/> Boys <input type="checkbox"/> Girls		Do you have a team you plan to coach? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Do you have a child participating in the sport desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
				Desired Coaching Role: <input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach
		Coaching Role:	# of Years	Sport
Coaching Experience	<input type="checkbox"/> Head Coach			
	<input type="checkbox"/> Asst. Coach			
	<input type="checkbox"/> Head Coach			
	<input type="checkbox"/> Asst. Coach			
Coaches' Code of Ethics				
I will: <ul style="list-style-type: none"> • Consider it a privilege to coach children. • Remember I am a youth coach and that the game is for children and not adults. • Consider it an obligation to be an example while developing character, integrity and honesty. • Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. • Place the emotional and physical well being of my players ahead of any personal desire to win. • Not direct comments or criticism relative to players' game performance. • Remember to treat each player as an individual. • Remember the large spread of emotional and physical development for the same age group. • Provide a safe playing situation for my players. • Organize practices that teach sports' skills for the players' age I coach. • Use coaching techniques appropriate for each of the skills that I coach. • Insure I know the rules of each sport I coach and teach these rules to my players and their parents. • Lead, by example in demonstrating fair play and sportsmanship to all my players. • Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win. • Not abuse a player physically, verbally or mentally. • Not argue, threaten or demean a player, parents, coaches or officials. • Not use foul and abusive language at any time in representing . • Control the emotions, ego, frustrations and displays of anger of myself, players and team parents. • Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers. • Report any conduct that has violated this code or is detrimental to the positive environment projected by FSA through youth sports. • Make sure every team parent has read, understands and is committed to following the Parent Code of Conduct. 				
As a FSA Coach, <ul style="list-style-type: none"> • I agree to read the Rules, Policies & Procedures, follow the same and support the sports program. • I agree to follow the Coaches' Code of Ethics. 				
(Signature)		(Please Print Name)		(Date)



Coaches Application, Contract & Code of Ethics

Last Name		Maiden Name, if applicable		First Name		Middle Initial	
Address				City		Zip Code	
Home Phone		Work or Cell Phone		E-mail Address			
<input type="checkbox"/> Male	DOB (Month/Date/Year)		Drivers License # & State-Required		Social Security Number-Required		
<input type="checkbox"/> Female							
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If so, what is the disposition of the case?							
<p>Requires Background Checks On All Volunteers</p> <p>CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY</p> <p>I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (FSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER/EMPLOYMENT POSITION WITH PLANO SPORTS AUTHORITY, INC. (FSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER OR AN EMPLOYEE HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (FSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.</p> <p>I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND Frisco SPORTS AUTHORITY, INC. () AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER.</p>							
(Signature)		(Please Print Name)		(Date)			

Frisco Sports Authority FALL 2008 VOLLEYBALL

Division Placement and Practice Request Form

Team Name: _____

Coach Name: _____

Coach Email: _____

Grade and Division Selection

Grade Level Selection:

- | | |
|---|--|
| <input type="checkbox"/> 1st/2nd Grade Recreational | <input type="checkbox"/> 6th Grade Recreational |
| <input type="checkbox"/> 3rd Grade Recreational | <input type="checkbox"/> 6th Grade Competitive |
| <input type="checkbox"/> 4th Grade Recreational | <input type="checkbox"/> 7th Grade Competitive |
| <input type="checkbox"/> 5th Grade Recreational | <input type="checkbox"/> 8th Grade Competitive |
| <input type="checkbox"/> 5th Grade Competitive | <input type="checkbox"/> High School Competitive |

Division Selection:**

- Upper Division Middle Division Lower Division

**The number of divisions will be determined by the number of teams in each league.

Practice Request No Practice Team

Practice Day:

1st Choice Mon Tues Wed Thur Fri***

2nd Choice Mon Tues Wed Thur Fri***

***Friday practice times must be completed by 5:00pm

Time:

1st Choice 4 to 5pm 5 to 6pm 6 to 7pm

7 to 8pm 8 to 9pm 9 to 10pm

2nd Choice 4 to 5pm 5 to 6pm 6 to 7pm

7 to 8pm 8 to 9pm 9 to 10pm

FSA FALL 2008 VOLLEYBALL

Conflict Request Form

Team Name: _____

Grade: _____

Coach Name: _____

Conflict Request

A conflict exists when a team cannot field at least 5 players for a regular season game. Conflicts will not be considered for tournament days. Conflict requests ARE NOT guaranteed.

Week 1 - Sept 6

Tournament - No conflicts

Week 2 - Sept 13

From _____ to _____

Week 3 - Sept 20

From _____ to _____

Week 4 - Sept 27

From _____ to _____

Week 5 - Oct 4

From _____ to _____

Week 6 - Oct 11

From _____ to _____

Week 7 - Oct 18

From _____ to _____

Week 8 - Oct 25

From _____ to _____

Week 9 - Nov 1

From _____ to _____

Week 10 - Nov 8

From _____ to _____