

State College Ultimate Frisbee League (SCUL)



Would you like to play Ultimate Frisbee this summer?
Then join over 150 participants for the State College
Ultimate League 2009 Season!

- ⑩ No experience necessary! Open to Everyone!
- ⑩ Co-Ed!
- ⑩ Thursday night games

The league is designed for players of all experience levels. Players will be grouped by rating, and then equally distributed through a stratified lottery. This format ensures parity within the league and ensures that every team has a wide range of skills and experience.

New players may register with an experienced player and couples may register together. If you would like to play with one particular person (spouse, significant other, etc.), staple their sheet to yours. Requests from two experienced players who are not dating/married will NOT be honored. The idea of summer league is to learn the game and make new friends!

Important Dates

- Hat Tournament: Sunday, May 17th, 1:00 @ Community Fields
- **Registration Deadline: all materials must be received by May 19th**
- Playoffs: Thursday, August 6th, Saturday & Sunday, August 8th & 9th

Registration and Cost

Registration is \$25 per person registered by the May 19th deadline. Forms must include payment. Fees cover cost of liability insurance, tournament, medical supplies, league party and league disc. **Checks payable to Jenni Evans ONLY!**

Questions? Contact: Mike Duffey at mjd277@psu.edu or at (814) 234-0627
<http://www.statecollegediscsports.org/scul/>

Mail completed form, waiver, AND registration fee to:

**Jenni Evans
PO Box 789
Boalsburg, PA 16827**

or submit them to Brian Rowan at pickup – times listed on the Happy Valley Ultimate website: <http://www.statecollegediscsports.org/hvu>.

STATE COLLEGE ULTIMATE LEAGUE 2009

League games will be played on Thursday evenings from May 28th to July 30th on the Penn State campus. The end of the season tournament will be held on August 6th, 8th and 9th. Registration forms and league dues (\$25 check payable to Jenni Evans) must be **received by Tuesday, May 19th**. For further information, check the SCUL website at <http://www.statecollegediscsports.org/scul/>, contact Mike Duffey at mjd277@psu.edu, or call (814) 234-0627.

Player Info (please print legibly!)

Name _____ Nickname _____ Email _____

Local Address _____

Phone Number (only one; local if possible) _____

Emergency Contact & Phone Number* _____

Age _____ Height _____ Male _____ Female _____

Highest level of ultimate previously played (national, regional, club, college, summer, social, none) _____

Where? _____

Baggage

Baggage is when two players need, for some reason, to be put on the same team (e.g. spouses or a novice being brought in by an experienced player). We cannot guarantee that all baggage requests will be honored. Staple bagged forms together. Please explain your request in the space below.

Attendance

How many Thursday night games will you miss during the summer (please indicate dates)? _____

Will you be here for the Tournament (August 6th, 8th and 9th)? _____ Yes _____ No _____ Not Sure

Will you be playing in any additional summer leagues? _____ Yes _____ No If yes, which league(s)? _____

Player Profile

Circle the answer that best describes your abilities and experience:				
Preferred and/or Best Position =	Not Sure	Handler	Middle	Deep
I can throw a backhand	Not Sure	A Little	Pretty Well	Very Well
I can throw a forehand	Not Sure	A Little	Pretty Well	Very Well
I can make other throws	Not Sure	A Little	Pretty Well	Very Well
I can Catch	A Cold	With Both Hands	With One Hand	Anything Near Me
I can defend/cover the thrower	Not Sure	Sometimes	Pretty Well	Very Well
I can defend/cover a receiver	Not Sure	Sometimes	Pretty Well	Very Well
I can <i>and will</i> run	Pretty Slowly	Maybe Average	Above Average	Very Fast
I can jump / get up	Like a Rock	Maybe Average	Above Average	Very Well
I can read the disk	If I am holding it	Maybe Average	Above Average	Very Well
Personality	I'm an asshole	I'm very competitive	I'm in it for fun	I like to make up cheers

A waiver and release must be completed and submitted in order to play in the State College Ultimate League.

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY READ
BEFORE SIGNING

In consideration of being allowed to participate in any way in the State College Ultimate League athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees 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 the State College Ultimate League (SCUL) and The Pennsylvania State University (PSU) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), 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, to the fullest extent permitted by law.

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.

_____ DATE SIGNED: _____
(Participant's Signature)

Emergency Phone Number: (_____)_____

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 THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ DATE SIGNED: _____
(Parent/Guardian Signature)

Emergency Phone Number: (_____)_____