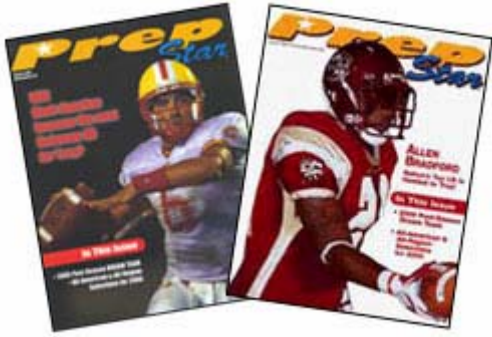


**Featuring the Top High School Volleyball Players from Around the Nation!**



## **Speed \* Strength \* Power \* Agility**

**Combine Series Schedule in 11 sports at: Aviator Sports and Recreation**

**Over 2,000 College Prospects**

**Open to 2008 & 2009 Grads**

**Player Evaluations**

**All-Combine Teams**

**Parent Recruiting Seminars**

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*Get a Jump on College Recruiting!*

**Sunday August 4, 2007 \* 12 pm – 3 pm**

**Aviator Sports and Recreation \* Hanger 5, Floyd Bennett Field**

**Brooklyn, NY, New York**

**Combine Hotline: 718.758.9800 \* [www.csaprepstar.com](http://www.csaprepstar.com)**

**THE TOP PERFORMERS FROM EACH OF THE REGIONAL COMBINES HELD AROUND THE USA WILL QUALIFY FOR:**

**CSA PrepStar All-American and All-Region**



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[www.AviatorSports.com](http://www.AviatorSports.com)



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**Sam Berrios**

**Regional Director of Scouting**

[www.CSAPrepStar.com](http://www.CSAPrepStar.com)

**646-339-2709**

**Sberrios@csaprepstar.com**

**2007 CSA PrepStar Elite Women's Volleyball Combine**  
**Aviator Sports and Recreation**  
**Hanger 5, Floyd Bennett Field**  
**Brooklyn, NY, New York**  
**Combine Hotline: 718.758.9800**  
**Sunday August 4, 2007**

**Basic Instructions**

- Participants will be measured, timed, tested and evaluated in a number of different skills test and sports specific drills, including but not limited to the following:
  - Height (in socks), weight and wingspan (all done at check-in)
  - Vertical Jump and Vertical Reach
  - Vertical Jump: Flat-footed, 2 step
  - Broad Jump
  - Serving Speed: 2 serves
- 1. Please wear clothes appropriate for performing various athletic skills (Shorts and Cross-Training Shoes)
- 2. The Check-in process for this combine will begin at 11:15PM will be completed by 11:50PM, depending upon the combine time to which you have been assigned. To ensure that you will be able to complete the check-in process, please report to the check-in area before 11:15PM
- 3. To complete the registration process, you are required to do three (3) things:
  - Neatly complete (please print) and mail the enclosed REGISTRATION FORM and Liability Waiver form to the CSAPrepStar's address shown below so that we receive them on or before July 27, 2007. Forms that are not received on or after July 31<sup>st</sup> will not provide us with enough time to process you. Be sure to include your unofficial transcript and a copy of your SAT scores with this form. Walk up registrations will be accepted. Walk up registration fee is \$100.00.
  - Make sure that your Email and IM addresses are easy to read, because they will be provided to college coaches - if you do not have one please get a simple email before you register.
  - Submit your Check or Money Order for Participation in this event. Payable to: **CSA-NY**

**If you do not submit all of the items mentioned above, then you will not be able to participate in the combine!**

- 4. Your cost for this combine is \$80.00. However, if we receive you completed paperwork after July 27<sup>th</sup> and on July 31<sup>st</sup>, then you will be considered a late registrant and your cost will be \$100.00. Make your check or Money order payable to **CSA-NY**. Since the combine is limited to a certain number of participants, your Check or Money Order and all documents will be returned to you if you are not received. In addition we will schedule you to be tested in the best time to meet our schedule. Please note that there will be a \$40.00 non-refundable processing fee for all cancellations made before July 27<sup>th</sup> (and no refunds will be made afterward).

**Please Note:**

All Parents attending the combine will be invited to attend a brief college Volleyball-recruiting seminar that will be hosted by scouts from CSA-NY. For information on the combine, please visit [www.csaprepstar.com](http://www.csaprepstar.com)

**Mail payment and All Forms to: Sam Berrios CSA-NY**  
**1005 W Fingerboard Road**  
**Staten Island, NY 10306**  
**646-339-2709**

**Make checks or Money Orders payable to: CSA-NY**

**Registration Forms - New York, NY**  
**2007 CSA PrepStar Elite Women's Volleyball Combine**

*Student-Athlete: Please complete and return this form with your payment and transcript in the enclosed envelope*

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

High School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Overall GPA \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Mobile # \_\_\_\_\_ Parent(s) will attend Seminar(Y/N) \_\_\_\_\_

Email \_\_\_\_\_ I-Messenger \_\_\_\_\_

Preferred Position (Circle only one) Defense Setter Hitter Blocker Left/Righthanded(L/R) \_\_\_\_\_

Shirt Size M L XL XXL XXXL Height: \_\_\_\_\_ Weight \_\_\_\_\_

Preferred Combine Time: 11AM Graduation Year \_\_\_\_\_

Colleges that have offered you an athletic scholarship: \_\_\_\_\_

College that you are interested in attending: \_\_\_\_\_

**Release of Statistics, Information, Photographs, Audio and Video**

I, the parent/guardian of \_\_\_\_\_, grant permission and authorization for statistics, data, testing results, personal information, photographs, audio and video materials related to this combine series to be released (and possibly posted electronically) to coaches, scouting organizations, media outlets, team physicians, athletic trainers, partner entities, administrative personnel and possibly the general public. I also understand that the data, information, photographs, audio and video materials are and will remain property of CSA-NY, NYCSportingNews, and Aviator Sports and Recreation LLC.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Registration Deadline July 27, 2007**

**Your Checklist**

(Please note that failure to complete or provide any of the following can disqualify you from participation!)

**Registration Requirements** (to be completed and mailed with registration fee immediately):

- Yes No Are both side of the registration form completed and signed by the parent/guardian?
- Yes No Are both side of the registration form completed and signed by you?
- Yes No Have you included a copy of you unofficial HS transcript, wallet-size photo and SAT scores?
- Yes No Have you included a check or money order (payable to **CSA-NY**) with all items before July 27<sup>th</sup>?

**Registration Forms - Brooklyn, NY**  
**2007 CSA PrepStar Elite Women's Volleyball Combine**

**Release and Waiver re: Liability, Injury and Property Damage with Authorization for Medical Treatment**

I, the undersigned, am fully cognizant that engaging in any sports or physical activity includes the inherent and substantial risk of personal injury. I attest that my student-athlete, \_\_\_\_\_, is presently in excellent physical condition and may participate in the physical activities associated with this Combine and in return for allowing him/her to participate in the combine, I agree to assume the complete risk of and responsibility for any injury that may result from his/her participation in it.

If the student-athlete registering herein has any pre-existing health-related medical conditions, allergies, diseases, etc. that could potentially prohibit, prevent or limit him/her from participating in events such as this, please advise us of them:

\_\_\_\_\_  
\_\_\_\_\_

Is addition, I hereby release, waive, indemnify, save, forever discharge and agree not to sue any of the other participants, volunteers or staff at this combine, as well as CSA/PrepStar, Aviator Sports and Recreation LLC, Aviator Food and Beverage LLC, Aviator Development Company LLC, NYC SportingNews and any or all of their employees, officers, contractors, subcontractors, partners, sponsors, agents, affiliates, volunteers, or assigns from all present or future claims that may be made by either the participating student-athlete or me, my family, estate, heirs or assigns for property damage, theft, personal injury, bodily harm, wrongful death or any other potential liability arising as a result of participation in this Combine (and possibly caused by the ordinary negligence of the parties listed above, wherever, or however same may occur).

I Grant permission and authorization for my student-athlete to receive first aid or medical treatment as needed and, to the same extent and scope as previously mentioned, I also agree to release (indemnify and hold harmless) said parties from any and all claims whatsoever which may be attributable to the receipt of said treatment rendered in connection with (and/or arising out of participation in) such event.

I affirmatively swear that I am the parent or legal guardian of the previously named participating student-athlete and do hereby execute this liability release and waiver on behalf of that individual. I agree that the terms of this release are binding on my student-athlete and me. I am of legal age and am freely and voluntarily signing this document without inducement from any party.

In addition, I understand that engaging in any sport or physician activity includes the inherent and substantial risk of personal injury or property damage. With respect to same, I voluntarily grant permission and authorization for my student-athlete to participate in this Combine and agree to assume the complete risk of and responsibility for any injury or damage that may result from (or be related to) his/her participation.

I also grant permission and authorization to the physicians, athletic trainers and medical consultants of this Combine to evaluate and treat any injuries that may occur during my student-athlete's participation in it. In addition, I understand that they have the authority to prohibit or eliminate my student-athlete from participation (because of either an injury or any risk of liability to anyone associated with this Combine).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone# \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Ins. Acct. # \_\_\_\_\_

I concur with the above: Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_