



FALL 2019 DYNAMITE LEAGUE REGISTRATION FORM

The Dynamite League is a great opportunity for players to be introduced to the Dynamix coaching staff and develop their fundamental skills in a fun and competitive environment. This program is designed to improve each players overall skills and provide the opportunity to receive individual instructions. Players will practice once a week on Sunday's for 7 consecutive weeks. There are no tryouts for the Dynamite League. Practices begin on Sunday, September 8th and conclude on Sunday, October 20th from 5 to 7 pm at Douglass Middle School's North Gym.

Cost is \$200 for all sessions and includes a T-shirt.

Please make checks payable to Dynamix Volleyball Club.

Player's Name: _____ Player's Email: _____

Parent/Guardian (1): _____ Parent/Guardian (2): _____

(1) Phone: _____ (2) Phone: _____

(1) Email: _____ (2) Email: _____

Address: _____

City: _____ Zip Code: _____

Birth Date: _____ Current Age: _____

School: _____ Grade: _____

T-shirt Size: YS YM YL YXL AS AM AL AXL

Medical Insurance Company: _____ Policy Number: _____

(Please list any medical conditions/injuries we should be aware of on reverse side of page.)

TO BE SIGNED BY PARENT OR GUARDIAN By signing below, I authorize the participant named above to participate in the Dynamix Volleyball Club DYNAMITE LEAGUE. I further hold Dynamix Volleyball Club, any of its staff, coaches, officials, players, volunteers, spouses, and their heirs, harmless from any accidental injury that may occur while participating in this program. I authorize any emergency medical treatment by trained personnel (including hospital treatment) for the participant named above, in the event of serious injury should occur during his/her participation in this program. **I HAVE CAREFULLY READ AND UNDERSTAND THE ABOVE RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY DYNAMIX VOLLEYBALL CLUB AND THE CITY OF WOODLAND AND I SIGN IT OF MY OWN FREE WILL.**

Parent/Guardian: _____ Date: _____
(Print name)

(Signature)

***Please mail completed form with payment to:
DYNAMITE LEAGUE, PO Box 8929, Woodland CA 95776**