Co-Ed

Volleyball

2009 Sign Up Sheet

DUBLIN YOUTH ATHLETICS

4285 W. Dublin Granville Road, Dublin, Ohio 43017

For Office Use
Date Rec'd
Amt Paid
Check #

Eligibility: This league is for boys and girls in grades 3-12 in the 2009-2010 school year
Players must attend Dublin City Schools, live within the Dublin School District, or live in the City of Dublin to be eligible

Player's Name **PLEASE PRINT CLEARLY** _____
First Last

Player's Address _____ _____
Number Street Zip

Player's Phone ___-____ Gender M / F (circle one) Birthdate ____ ____ ____
M M D D Y Y

E-mail address_____ (for coach's use only)

Dublin City S.D. School (See note below)_____ 2009-2010 Grade _____
(Please show Dublin School District School you attend or would attend; Please DO NOT list private schools, parochial schools, etc.
Players must attend Dublin City Schools, live within the Dublin School District, or live in the City of Dublin to be eligible.)

Father's/Guardian's Name _____ Work/Other Phone _____

Mother's/Guardian's Name _____ Work/Other Phone _____

Other phone numbers for contact or emergencies _____

DYA is a volunteer organization. Please help make this program possible for your children by volunteering for one of the following:

- ☐ Head Coach (See Note Below)
- ☐ Assistant Coach
- ☐ League Commissioner
- ☐ Supervisor/Coordinator of Officials
- ☐ Board of Directors
- ☐ Referee

Head Coaches or Co-Head coaches only: Please complete a separate coaching application which is used to introduce you to the league commissioner.

League Fee = $55

League Shirt - separate purchase

All players are required to wear the league shirt during games. Same shirt design as prior year. Because some players may already have the league shirt, the shirt is excluded from the league fee above and sold separately.

Shirt size: (circle one **only if shirt purchased**)

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Make Check Payable to **DYA** or **Dublin Youth Athletics**

Refund Policy: Full refund for players making school teams in August.
No refunds after August 15th

	Fee	Amount Paid
	$55	**$55**
	$10	**$** _____
Total Paid =		**$** _____

Liability Release and Medical Disclosure

In consideration of Dublin Youth Athletics providing a volleyball program the undersigned, individually and as parent or legal guardian, does hereby release, indemnify, and discharge Dublin Youth Athletics, Inc., its officers, directors, coaches, and appointees from any and all claims, liabilities, and damages related to bodily injury or sickness and property damage sustained by the above child resulting from his/her participation practice, play, or travel to and from play or practice in the DYA volleyball program.

Furthermore, I agree to advise my child's coach at the beginning of the season of any and all medical conditions that may affect my child's participation in the DYA volleyball program. However, I am responsible to be at practices and games if his/her special condition requires it.

Signature of Parent or Guardian _____ Date _____