



3 on 3 Varsity/College Players Indoor Summer Volleyball

There will be a total of 4 weeks of play. We have a limited amount of space so please register as soon as possible.

2011 Summer Season - Schedule of Events:

June 17th Registration (\$20 per player)
June 28th Games Begin – Tuesday Nights, June 28th & July 5th-19th

All games will be played at Faith Academy Gym (airport). Game balls will be provided. The league does not set up any practice time.

Games will start @ 6:00p.m. (rules will be handed out @ the first game).

Miscellaneous Information

- Shirts will NOT BE PROVIDED
- Will play 2 games or 45mins which ever comes first.
- Each team is responsible for their own practice facilities and times
- Teams need to put together their own teams, but we will try to help if someone cannot find a team.
- Please contact Suzanne Valenzuela with any questions – 894-4284.

Please make checks payable to Victoria Lady Dynamites and mail with forms to:
Suzanne P. Valenzuela
110 Savannah Dr.
Victoria, Texas 77904.



Athlete Registration Form 2011 3 on 3 Volleyball Summer League Season

Please make check payable to **Victoria Lady Dynamites for \$20.**

Name: _____ Birth Date: _____

Mailing Address: _____

Email Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell #: _____

in case of emergency contact:

Phone: _____

I understand that my participation in Victoria Lady Dynamites' activities involves risk and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue Victoria Lady Dynamites, & Faith Academy, It's Directors, Employees, Coaches, Officials, Owners/Lessors of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities.

Note: Parent/Guardian Signature required if under 18 years of age.

Player's signature: _____

Parent/Guardian signature: _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent/Guardian signature: _____