



# DODGEBALL REGISTRATION

45685 Oakbrook Ct #110  
Sterling, VA 20166  
703-430-7011

www.DiamondSportsTraining.com

| Player Name (Last, First) | Birthdate | M/F | Allergies/Health Concerns | Amount Due | Paid |
|---------------------------|-----------|-----|---------------------------|------------|------|
|---------------------------|-----------|-----|---------------------------|------------|------|

|  |                                      |
|--|--------------------------------------|
| Mother/Guardian (last, first): _____                     | Father/Guardian (last, first): _____ |
| Address: _____   | Address: <u>(if different)</u> _____ |
| Phone: (h) _____   | Phone: (h) _____                     |
| (w) _____  | (w) _____                            |
| (c) _____  | (c) _____                            |
| e-Mail(s): _____   | e-Mail(s): _____                     |
| Add to e-Mailing List? _____                             | Add to e-Mailing List? _____         |
| Will you be signing up as an individual or a team? _____ | Please list the team members: _____  |

Emergency Contact: \_\_\_\_\_ Phone # (during dodgeball hours): \_\_\_\_\_  
 Health Insurance Company/Policy Number: \_\_\_\_\_

**I hereby state that my child is in good normal health and is able to participate in a strenuous physical activity. I recognize that all classes and activities of a physical nature involve some risk and, by registering for a specific activity, I am representing that I understand the possible risks involved with this type of activity. I give my permission for emergency medical treatment in the event of injury or sickness. I waive and release Diamond Sports Training, its owners, and employees from any and all liability in case of an accident.**

Signature (signed by Parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



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