



DIG THIS VOLLEYBALL

INDIVIDUAL REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Skill Level ☐ Beginner ☐ Intermediate ☐ Advanced

Please check any or all of the following that you would like to receive information on in the future:

☐ Tournaments ☐ Open Play ☐ Skills Clinic ☐ Outdoor Grass

☐ Indoor League Play >>> ☐ Co-ed ☐ Men ☐ Women

I hereby agree to all risk and accept personal responsibility for any damages resulting from any injury, personal disability or death which may occur while participating in any Dig This Volleyball activity. I waive my right to sue Dig This Volleyball and it's administrators, directors, coaches, referees and other employees of the organization from any and all

Signature _____ Date _____

Where did you hear about us?

☐ Meetup ☐ Facebook ☐ Friend _____

☐ Other _____



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