



DALLAS PAROCHIAL LEAGUE VOLLEYBALL REGISTRATION FORM

ATHLETE'S INFORMATION

Name _____ HR _____
t-shirt size _____

_____ I Want to play DPL Volleyball
_____ I Play other sports / activities during Volleyball Season
and may not be able to commit to all practices and games

PARENT CONTACT INFORMATION

Name _____
Phone (hm) _____ (w) _____
(cell) _____
E-Mail _____

_____ I Would like to coach t-shirt size _____
_____ I Would like to help t-shirt size _____

If you have any questions please contact Michele Jones at (972) 243-7105 ext. 15.

I hereby give permission for my child to participate in DPL Volleyball representing Mary Immaculate School.

Parent or Guardian Signature

Date