



DOMINION

ACADEMY OF DAYTON

Athletic Family

Fall Sports Volunteer Agreement

Date: _____

As a Dominion Academy of Dayton Fall Sports Athletic family, we agree to:

Volunteer our required number of volunteer slots in support of the Dominion Academy Athletic Department during the winter athletic season. If we choose not to volunteer, we agree to pay \$40.00 for one child in the program, \$60 for two children or \$80 for three or more children. We will pay by cash or check by the first day of practice.

The family of _____ will (initial one):

_____ Volunteer for _____ slots during the fall athletic season.

_____ Pay _____ by cash or check by the first day of practice for our sport(s).

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

** 4 volunteer slots are required for the first student athlete with an additional 2 volunteer slots being required for each additional student athlete. There is a family max of 10 volunteer slots.

