Church of the Lakes

Dodge Ball Registration

Return to: Church of the Lakes
Attn: Jared Crum
5944 Fulton Dr. NW
Canton, OH 44718

Registration Form:
Player
Last Name:_____ **First Name:**_____
Age:_____ **DOB:**_____

Gender (please circle): Male / Female **School Grade: 5th - 8th, High School, Adult**

Address: _____

City:_____ **State:**_____ **Zip:**_____

Phone: ( ) _____ -_____

Email: _____

Emergency Contact Information (not necessary for Adults) please provide your parents' name and best number to reach them.

Mother's Name:_____

Phone:_____

Father's Name:_____

Phone:_____

League Information:

Division A: High School and Adult	Thursday Nights 7:30 - 9:30 pm	Starts Jan 11th
Division B: 5th - 8th Graders	Tuesday Nights 5:30 - 7:30 pm	Starts Jan 9th

League Fees: $10 Please make checks payable to Church of the Lakes

_____
Signature Date

If under 18, your parent must sign:

_____
Parent's Signature Date

Office Use Only: Paid _____ League A B Return/New

12/15