



Church of the Lakes

Dodge Ball Registration
Return to: Church of the Lakes
Attn: Jordan Weaver
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 Tuesday Nights 7:00 - 8:30 pm Starts Jan 9th

Division B: 5th - 8th Graders Tuesday Nights 5:30 - 7:00 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
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Office Use Only: Paid _____

League A B

Return/New