Church of the Lakes Registration Form 2019

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

**include payment of \$45 per team

In order to be registered, ALL players on the team MUST return the completed form below, and the Sport Program Waiver on the reverse side of this form. In addition, the registration fee (\$45 per team) must be paid to the Church office at the time of registration.

Registration Form: Your information								
Last Name:	First Name:							
Age: DOB:	Jersey Size (please circle):	S	M	L	XL	XXL		
Address:								
	Email:							
Emergency Contact Person								
Name:	Phone:							
Others on your team:								
Player 1:								
Player 2:								
Player 3:								

League Information:

The league runs Tuesdays, August 13th - September 24th, 6:00 - 8:30 pm. Each team will play with 3 players at a time. A 4th player can be on the roster to sub when another player cannot be at a game. There are no substitutions during the game, and players must be pre-registered. All players must be over 30 years old by December 31, 2019. All games will be self-refereed.

7/19 Fee Paid: _____



Church of the Lakes

Sport Program Registration and Wavier ADULT

Return to: Church of the Lakes

Attn: Jordan Weaver 5944 Fulton Dr. NW Canton, OH 44718

Your Information

Last Name:	First N	lame:					
Gender (please circle): Male Fel	male Date	e of Birth:					
Address:							
City:	State: _		Zip:				
Phone:	Email:						
Emergency Contact Inform	<u>nation</u>						
Name:	Relationship:						
Phone:							
Program Information							
Sport:		Year:		_			
Season (please circle): FALL	WINTER	SPRING	SUMMER				
Fee: \$	*Please make checl	ks payable to Chu	rch of the Lakes				
Waiver and Informed Cons	sent Statement						
In consideration of my participate medically able to participate said and/or death involved in all physi the Lakes and their respective office and do hereby for myself, my heir may have or which may accrue of understand and acknowledge the permission to the staff or volunte understand that I am responsible caused except for normal wear and	activities. I understand cal demands related to cers, employees, membes, executors and adminidue to my participation particular hazards in the cers to secure approprior repairing or replacing	that there are risk the activities unders, volunteers and strators, waive all in any of the ac my participation iate medical treat	ertaken. I agree to hold the sponsors free from any and rights and claims for dama tivities of the Church of t in the sport listed above ment in the case of an en	bling injury e Church o l all liability ages which he Lakes. . I give my nergency.			
Signature		,					