

Barrs Mill Dream League

Please mail to:
Barrs Mill Church of God
4677 State Route 93 NW
Sugarcreek, OH 44681

Player's Name

Phone Number

Address

City

County

Zip Code

Guardian

E-Mail

Work or Contact #

Player information:

M/F _____ **Birthdate** _____ **Age** _____ **School/Work Place** _____

Diagnosis _____

Special Needs or Requirements _____

Wheelchair _____ **Walker** _____ **Other** _____

Player's Shirt Size: Youth - S, M, L, XL or Adult - S, M, L, XL, XXL, 3L (circle)

I give authorization for _____ to participate in the Barrs Mill Dream League, and do hereby release Barrs Mill Church of God of any liability for any injury that may occur while participating as a player, volunteer or spectator during the season.

Name _____ **Signature** _____

Name of Parent or Guardian (Please print) _____

Signature of Parent or Guardian _____

** Barrs Mill Dream League will be taking pictures of our players and making a video which will be utilized on our website. If you do not want your player photographed please make your wishes known below.

Please fill out other side

Additional Diagnosis Information:

Current Prescription Medications:

Allergies: _____

Primary Care Physician/Phone # and Insurance Information:
