



Barrs Mill Dream League

Registration Due By July 15th
to ensure that your player will receive a shirt

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



Player's Name		Phone Number	
Address	City	Zip Code	County
Guardian	E-Mail	Work or Contact #	

Player information:

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

Special Needs or Requirements _____

Wheelchair _____ Walker _____ Other _____

Do you have a shirt from last year? Yes _____ No _____

If no, please indicate shirt size needed.

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 _____

*** All participants, volunteers or spectators grant the church and league the right to use any photographs/videos taken during Dream League events, without expressed written consent.

Please fill out other side

Additional Information:

Current Prescription Medications:

Allergies:

Primary Care Physician/Phone # and Insurance Information:
