

# COTL Dodgeball League

## January 24th 2008.

### Rules:

This is a Co-Ed league. A team will be made up of 8 players, but a match can be played with less than 8 but at least 6 players, of which there must be as many girls playing as boys. Each Match will consist of 5 games. Each game will be timed at 10 minutes. 6 balls will be in play during each match. Team may not keep all the balls on their side or they will lose a player for that game. The balls are a firm Nerf type balls so no one can be hurt with them. Additional rules will be reviewed the first night.

### Player Information

**Division A:** 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grades.  
Playing times: 6:00 or 7:00pm

**Division B:** Grades 9 and over and Adults  
Playing times: 8:00 or 9:00pm

*Please complete a separate form and sign Waive/Consent for each player. Team Members by name so we know who make up a team.*

### Payment Options

**League participation = \$10, payable by 1/17/07 at Registration deadline.**

Make checks payable to COTL.

### Return Registration Form

Church of the Lakes  
Attn: Mike Moss  
5944 Fulton Dr. NW  
Canton, OH 44718  
Phone: 330-312-0180

### Player

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Gender: **Male** **Female**

Grade: **6<sup>th</sup>** **7<sup>th</sup>** **8<sup>th</sup>** **9<sup>th</sup>** **Adult**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Emergency Contact Information (Not necessary for Adults)

Please provide your parents' names and the *best* numbers to reach them.

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical Information

List any medications, allergic reactions, special medical conditions or health supplies needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Waiver and Informed Consent Statement**

In consideration of my child’s participation in the activities of the Church of the Lakes, I do hereby declare him/her to be medically able to participate in the activities offered by the Church of the Lakes. I understand that there are risks which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold free from any and all liability the Church of the Lakes and their respective officers, employees, members, volunteers and sponsors and do hereby for myself, my heirs, executors and administrators, waive and release and forever discharge any and all rights and claims for damages which my child or I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of the Church of the Lakes. I have been appraised of and acknowledge the particular hazards in my child’s participation in the league. I give my permission to the staff to secure appropriate medical treatment in the case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities caused by my child.

\_\_\_\_\_  
**Signature**                      **Date**

**If you are under 18, your parent must sign!**

**Other Team Members**

**Player 2**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 3**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 4**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 5**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 6**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 7**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Player 8**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_