



Crawford County Cornhole League

Official registration form

For Individual Player Registration

League Registration For:

Please check the league you are registering for.

- Open, Adult (21 years +) Mixed League**
Thursday Nights at 6:30pm – 10 Sessions
starting February 9, 2017 and ending April 20, 2017
- Open, Junior (Under 21 years) Mixed League**
Not scheduled at this time
- Open, Senior (60 years +) Mixed League**
Not scheduled at this time
- Open, Adult (21 years +) Men's League**
Not scheduled at this time
- Open, Adult (21 years +) Women's League**
Not scheduled at this time
- Tournament Play**
Not scheduled at this time

Player Registration Fee

is \$20.00 per player and covers your first and last weekly session league fee or substitute's session fee.

Payable by:

_____ Cash or _____ Check*

*Please Make Checks Payable to:
Active Aging Foundation

Teams

Teams will be made up of 2 players each and will be determined by random drawing at the beginning of play each league session.

First: _____ Last: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____ Date Of Birth: _____
 Email: _____

Players Under the Age of 18 Must Have Parents Signature (Applies to Junior League Players Only)

Release, Waiver & Indemnity

IN CONSIDERATION of the acceptance of my application and the permission to participate as a player/participant in the Active Aging Foundation sponsored "Crawford County Cornhole League."

I, for myself, my heirs, executors, administrators, successors and assigns, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE**, the Active Aging Foundation and Active Aging, Inc., and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials and servants from claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property **HOWSOEVER CAUSED**, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, **AND NOTWITHSTANDING** that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE or HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation in the said event.

I also grant the organizers and/or sponsors of this event full permission to use and full release of any photographs of me and quotations from me in legitimate accounts and promotions of this event.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

PRINT NAME <i>(If under 18 yrs. of age, Parent or Guardian to sign below)</i>	SIGNATURE	DATE
PRINT NAME OF PARENT OR GUARDIAN	SIGNATURE	DATE

The personal information on this form is used to process the individual's registration and provide notification of future events. Questions about this collection can be directed to the Development Director, Active Aging Foundation, 1034 Park Avenue, Meadville, PA 16335 at telephone number (814) 336-1792.

(Please feel free to make copies as needed.)

For More Information:

ACTIVE AGING FOUNDATION
 Lew Davies Community Building
 1034 Park Avenue Meadville, PA
 (814) 336-1792 800-321-7705



Form THI17