



Cornhole Tournament 2022

Registration Form

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Male: _____ Female: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

Would you like to be signed up for SOCIL newsletter? _____

Are you playing - Singles -\$5.00 _____ or Doubles - \$10.00 _____

If doubles, name of partner _____ (Both members need to fill out a registration form.) Team Name _____

Do you have a disability? Yes or No

Disability and/or level of injury: _____

Please provide specific information for any adaptations needed or other concerns that we should be aware of (Allergies, Activity Restrictions, Sensory Issues, Fears, etc.)

As a participant, or as a parent/guardian of the participant in this program/activity, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages, or loss resulting from participation in any and all activities connected with or associated with such program. I agree to hold harmless the Southeastern Ohio Center for Independent Living (SOCIL) and any and all schools or facilities used for events, agents, employees and volunteers from any and all claims resulting or in any way associated with activities of the program.

I have read and fully understand the above information.

Signature _____

To pay registration fee go to socil.org under Upcoming Events. Mail or drop off registration form to SOCIL, 418 South Broad Street, Lancaster, by August 19, 2022.