



Cornhole Tournament June 22, 2024

Registration Form

Personal Information

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

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

Email: _____ Would you like receive SOCIL newsletter? ___

\$25.00 ___ per person with a tournament t-shirt. T-Shirt Size _____

\$15.00 ___ per person without a tournament t-shirt.

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.) _____

Lunch is included in the registration fee. We will have hamburgers, hotdogs, chips, and drink.
Lunch wrist bands for individuals not competing in the tournament can be purchase for \$10.
You will need to **bring your own chairs**.

There will be a blind drawing to set up teams consisting of individuals with and without disabilities prior to the event by SOCIL's team. Please note that individuals with disabilities may require rule adaptation.

This fundraising event is to help SOCIL purchase equipment for our Adaptive Sports Programs for individuals with disabilities.

To pay registration fee go to socil.org under Upcoming Events or you can pay with cash or check when you drop off the registration form. Mail or drop off registration form to SOCIL, 418 South Broad Street, Lancaster, **registration deadline June 3, 2024.**

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 _____

Date _____