



## Cornhole Tournament July 26, 2025

### 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 the day of event the teams will consist of individuals with and without disabilities. 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, scan QR code or go to [socil.org](https://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 July 9, 2025.**



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 \_\_\_\_\_