

TRINITY HOSPITAL TWIN CITY



Registration Form

Event: Saturday, August 9, 2014, 7:00 AM at Midvale Community Park in Midvale, Ohio

Return completed form to Angel Jones at Trinity Hospital Twin City 819 N. First Street Dennison, Ohio 44621. Fax (740)-922-8038 or email ajones@trinitytwincity.org.

Form must be completed by each player

First Name _____

Last Name _____

Age _____ **Sex** ____ **Male** ____ **Female**

Address _____

Phone _____

E-mail _____

Team Name _____

Shirt size (circle one) XS SM M L XL 2XL 3XL 4XL

Please read and sign:

I hereby accept responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in THTC Employee Auxiliary event. I hereby expressly release, discharge and hold harmless from any liability whatsoever all employees, volunteers, owners, officers, directors, organizers, and sponsors of THTC Employee Auxiliary and Trinity Hospital Twin City. I certify that I am familiar with the contents of this release, and have read and understand the same, and that it is my intentions by signing this release that the same be binding to not only to me, but my heirs, administrators, executors, successors and assigns. I do hereby grant full permission that my pictures, video and recordings from the August 9, 2014 event may be used for any legitimate purpose.

Signature Required _____ **Date** _____
(if under 18, parental signature required)

(Childs name)