



Eastland Co-ed Wiffle Ball

The League is for all ages 16 and older and is designed to be a league that provides a place of community based on Christian principles of attitude, sportsmanship, and competition.

General Information

❖ **To register:**

The *2008 Registration Form* that is included in this packet *must* be received in the church office by Sunday, May 25th. Extra forms can be obtained in the church office or from the welcome center. Please make (\$15.00) check payable to *Eastland Church*.

❖ **Schedule information:**

Games:

All games will be held on Tuesday nights. Each team will play once a week some time between 6:30 and 8:30. (For example, Team A might play at 6:30 on Week 1, but on Week 2, Team A might play at 8:30.)

Game Dates:

June 3rd
June 10th
June 17th
June 24th
July 1
July 8th

❖ **Player information:**

Teams must have at least 6 players.

You may build your own team or we will place you on a team. Each team must include at least 2 women.

❖ **Information or Questions**

Please call the office at 263-8917

Have a great season!



Eastland Co-ed Wiffle Ball

2008 Registration Form

Name		Phone Number	
Street Address		Email Address <i>(family or personal)</i>	
City/State	Zip Code	Date of Birth	
T Shirt Size: <i>(Circle one)</i> Adult: M L XL 2XL 3XL			
Please write any request that you have? <i>(Ex. Would you like to play for the same team? Do you have a friend who you would like to be placed on the same team? Please note: All requests will try to be accommodated, but are not guaranteed!)</i>			
<p>Consent and Waiver Agreement</p> <p>I recognize and understand that Wiffle Ball is a sport involving risks not encountered in everyday play. I, on behalf of myself, covenant and agree to indemnify and hold harmless do release, requit and forever discharge, Eastland, its Board of Elders, coaches, referees and other such volunteers as are connected with Eastland in any capacity, for any and all damages, claims, and/or liabilities arising out of any and all injury caused by myself. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be as effective as the original.</p>			
Signature		Date	
Office Use Only		Paid	
League	Coach	Check #	Cash

Registration form must be received by Sunday, May 25th.
Please mail registration form and (\$15.00) check/cash to:

Eastland Church
2598 Liberty Road
Lexington, KY 40509
859-263-8917
www.eastland.org