



# Barrs Mill Dream League

Registration Due By July 11, 2026

July 29  
August 5  
August 12  
6:30 pm - 8:00 pm

Please mail to: **Barrs Mill Church of God**  
4677 State Route 93 NW  
Sugarcreek, OH 44681

Date: \_\_\_\_\_

330-852-2508    office@barrsmillchurch.org

_____		_____	
<b>Player's Name</b>		<b>Phone Number</b>	
_____	_____	_____	_____
<b>Address</b>	<b>City</b>	<b>Zip Code</b>	<b>County</b>
_____	_____	_____	_____
<b>Guardian</b>	<b>E-Mail</b>	<b>Work or Contact #</b>	

### Player information:

M/F \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School/Work Place \_\_\_\_\_

Special Needs or Requirements \_\_\_\_\_

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Other \_\_\_\_\_

Do you have a shirt from last year?    Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please indicate shirt size needed.

**Player's Shirt Size:** Youth - S, M, L, XL or Adult - S, M, L, XL, XXL, 3X (circle)

*I give authorization for \_\_\_\_\_ to participate in the Barrs Mill Dream League, and do hereby release Barrs Mill Church of God of any liability for any injury that may occur while participating as a player, volunteer or spectator during the season.*

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Name of Parent or Guardian** (Please print) \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

*\* All participants, volunteers or spectators grant the church and league the right to use any photographs/videos taken during Dream League events, without expressed written consent.*

\_\_\_\_\_ **please fill out other side**

**Additional Information:**

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**Current Prescription Medications:**

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**Allergies:**

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**Primary Care Physician/Phone # and Insurance Information:**

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