

Enter His Courts

March Madness Men's Division

1088 Sarasota Drive, Seymour, Indiana 47274
 1-800-652-1001 - e-mail - enterhiscourts@comcast.net - facsimile 812-522-1367

Name _____ Cell /Phone/ _____

Address _____ Age _____

City _____ Zip _____ Height _____ ft _____ inches

Shirt Size - Adults- AS - AM - AL - AXL - AXXL

My e-mail address is:



Previous experience in high school/college or most recent league you've played in _____

Comments _____

Fee - \$50.00 (includes \$1 per player 3rd ref fee). **Make check payable to Enter His Courts.**

Check# _____ Cash _____ I will pay pay later at first game _____

I give consent and agree to the rules and furthermore agree to not only obey the officials but to honor each referee in this Men's Division of Enter His Courts Men's Ministry of Seymour, Indiana. I understand that my rights to play are forfeited should I fail to show the utmost respect for the referees and the officials of Enter His Courts. I further understand that should serious illness or injury occur, medical and or hospital care will be sought by league officials when possible.. However, the staff of Enter His Courts and the facilities that they use are not responsible in case of accidental injury or illness. I further understand that in case of serious illness or injury, my emergency contact listed below will be notified, but if it is impossible to contact said emergency contact, we give permission for emergency treatment or surgery as recommended by the attending physician.

I am providing the following information for use in case of an emergency and to aid in emergency treatment:

In emergency contact:

Address: _____ Phone _____

Doctor's Name _____ Insurance Co. _____

Allergies/Special Instructions _____

Date _____ Signature of Player _____