STARS CORNHOLE

Where: **SUPER LEARNING CENTER, 1584 Wilson St, Lakemore, OH 44250**

When: **January 20TH thru March 10th**

Time: **6:00 P.M.- 7:15 P.M.**

What: **CORNHOLE LEAGUE**

Cost: **$80**



- 2 GAMES PER SESSION
- EACH GAME IS 25 MINUTES LONG
- 4 PERSON TEAMS
- TEAM STANDINGS WITH AWARDS GIVEN ON THE LAST SESSION

If you are interested in playing, please text Dan Lancianese at your earliest convenience. Or you can email Dan @ dlancian22@gmail.com

- *If you have any questions or need financial assistance, please contact Dan Lancianese @330-352-5602 or by email @ dlancian22@gmail.com*



FLYER AND REGISTRATION

STARS CORNHOLE

WHEN: TUESDAYS: JANUARY 20th – March 10th

TIMES: 6:00 PM – 7:15 PM

WHERE: SUPER LEARNING CENTER, 1584 Wilson St, Lakemore, OH 44250

COSTS: $80 PER SESSION
FINANCIAL ASSISTANCE IS AVAILABLE TO ANYONE IN NEED. JUST CONTACT DAN LANCIANESE @ (330)352-5602

Payment options:
Mail a check to STARS 3108 Sparrows Crest, Akron Oh 44319
Or
Venmo @atcstars
ARE YOU A MEMBER OF THE COLEMAN FOUNDATION: YES NO

For more information, please contact Dan Lancianese 330-352-5602 or at dlancian22@gmail.com
NAME:_____
ADDRESS: _____**CITY:**_____ **ZIP:**_____
EMAIL ADDRESS: _____
PHONE #:_____
EMERGENCY CONTACT NAME: _____**BEST PHONE #:**_____

WAIVER OF LIABILITY & PHOTO RELEASE
The undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, Stars and the affiliated coaches/volunteers from any liability or claim that participant may have against Stars with respect to bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of Stars, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands that there are inherent physical risks associated with activities and programs and that, Stars does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize Stars (including its directors, boards, agents, employees, and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television, videos, internet communications, and publicans). I release Stars from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).
ATHLETE SIGNATURE:_____ **DATE**_____
PARENT/GUARDIAN SIGNATURE ***(if athlete under 18)*****:**_____ **DATE**_____