

STARS INDOOR GOLF LEAGUE

@ OHIO GOLF CLUB

2262 S. ARLINGTON RD, AKRON OH 44319

SATURDAYS 8:00 – 9:00 AM

JANUARY 16TH – FEBRUARY 27TH

PLEASE REGISTER BY JANUAY 9TH

STARS INDOOR GOLF LEAGUE in cooperation with the Ohio Golf Club would like to introduce to all our brand-new indoor golf league! Here is the format for the league:

- 2 person team/Partners – alternating shots.
- There are no age restrictions.
- 6 holes will be played on a simulator at one of the bays
- 3 holes will be played putting
- Partner scores will be kept each week
- The final session will consist of groups of no more than 3 pairs per group with awards given out to each team and group at the conclusion of the session.
- **Cost will be $12 per session. A player can pay per session or all at once. The total for all sessions will be $84.**
- **Payment can be made in cash, check or venmo (@atcstars)**
- **Please select a preferred time slot: 8:00 am – 8:30 am or 8:30 am – 9:00 am (first come first serve)**
- **PRESIGN UP DEADLINE IS JANUARY 4, 2027. THERE IS NO DEADLINE TO REGISTER. SIGNING UP EARLY WILL GUARENTEE YOUR REQUESTED TIME SLOT.**



FLYER AND REGISTRATION

STARS INDOOR GOLF LEAGUE

WHEN: SATURDAYS: JANUARY 16TH - FEBRUARY 27th

TIMES: 8:00 AM – 9:00 AM (2 DIFFERRNY TIME SLOTS)

WHERE: OHIO GOLF CLUB 2262 S. ARLINGTON RD, AKRON OH 44319

COSTS: $12 PER SESSION (FINANCIAL ASSISTANCE IS AVAILABLE TO ANYONE IN NEED. JUST CONTACT DAN LANCIANESE @ (330)352-5602

ARE YOU A MEMBER OF THE COLEMAN FOUNDATION: YES NO

PRESIGN UP DEADLINE: MONDAY JANUARY 4TH

SELECT FIRST OPTION FOR TIME SLOT: (MARK WITH AN "X"

OPTION 1: 8:00 AM – 8:30 AM _____

OPTION 2: 8:30 AM –9:00 AM _____

EITHER EMAIL THIS FORM BACK TO dlancian22@gmail.com or mail to the following address:

STARS-ATC SPORTS
3108 SPARROWS CREST
AKRON, OHIO 44319

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**_____