

**ST. JOHN'S ARMENIAN CHURCH  
MEN'S MONDAY NIGHT BASKETBALL  
2008/2009**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**LEAGUE FEE**

**CHURCH MEMBER \$100.00**

**NON-MEMBER \$150.00**

CASH \_\_\_\_\_

OR

CHECK # \_\_\_\_\_

**SHIRT SIZE (circle one)**

S M L XL XXL

**WAIVER OF PARTICIPANT**

**In consideration of your accepting entry, I hereby, for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against St. John's Armenian Church and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups. I have no physical defects and fully understand that medical insurance is the sole responsibility of the participants.**

SIGNATURE \_\_\_\_\_