

Enter His Courts

EHC March Madness Men's Division

1088 Sarasota Drive, Seymour, Indiana 47274
812-498-0249 - e-mail - enterhiscourtsbasketball@gmail.com -
Facebook Timothy Goodpaster

Name _____ Cell /Phone/ _____

Address _____ Age _____

City _____ Zip _____ Height _____ ft _____ inches

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



My e-mail address is:

Friend Request

Timothy Goodpaster on Facebook to stay in the EHC March Madness info loop !
Twitter @timgoodpaster

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

Comments _____

Fee - \$50.00 Make check payable to **Enter His Courts.**

Check# _____ Cash _____ **I will pay no later than the first game** _____

Tentative Game Dates for 2017 - March 6, 7, 9, 13, 14, 16, 27, 28, and 30th.

Weeknight gametimes will be 6-7-8-9 pm. All games at **The Point**, 311 Myers Ln, Seymour, IN 47274. Referees and officials of the league must be respected and honored at all times without exception. **MARCH MADNESS** Rules are posted online at www.enterhiscourts.org. Players must be present at the top of the hour for their game or forfeit playing time for the first half of that game. Space is limited to the first 8 ten man teams. Get an entire team together, or yourself, or a partial team, and we will complete the ten man roster for you. Need a question answered - Tim Goodpaster 812-498-0249

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:

Cell # _____

Date _____ Signature of Player _____