

PLEASE PRINT FORM, COMPLETE AND RETURN WITH PAYMENT TO: FIRST FRIENDS SPORTS OFFICE, 5455 MARKET AVE N, CANTON, OH 44714 *A COMPLETED FORM AND FEE WILL BE ACCEPTED IN THE SPORTS OFFICE UNTIL SPACES FILL UP OR MARCH 24, 2012, WHICHEVER OCCURS FIRST.*

2012 MINORS (AGE 9-11) AND MAJORS (AGE 12-14) MARCH 31ST—JUNE 30TH

Please Print Clearly

Last Name _____
First Name _____
Address _____
City _____ Zip _____
Home Phone (____) _____
Daytime Phone (please circle one)
Mom or Dad (____) _____ Work/cell
Birth Date _____ Age _____
Father's Name _____
Mother's Name _____
School _____ Grade _____
Email _____

NEED VOLUNTEER COACHES!

PARENT: Would you like information on coaching in this league? ___Yes ___No Circle Shirt Size:

S M L XL XX

COACHES TRAINING IS MANDATORY for All Coaches on March 31 at FFC at 10am-12noon

Jersey Size: (Circle One)

Youth Size: M(10-12) L(14-16)
Adult Size: S M L XL XX

Mark league: **Fee: (\$5.00 fee for refund)**

Minors League **\$65.00**

Majors League **\$70.00**

Checks should be made to: First Friends Church-

Please do not include sports fees in your church offering.

View website www.firstfriendssports.com for all announcements, cancellations and to register online.

EMERGENCY PROCEDURE INFO

Person to contact in emergency:

Person's Phone _____ home work cell

Person's Phone _____ home work cell

Second contact in emergency:

Person's Phone _____ home work cell

Person's Phone _____ home work cell

Please list any allergic reactions, serious injuries or special medical procedures.

Hospital Preferred _____

Doctor _____

Dentist _____

I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Parent Signature _____

Date _____

Requests will only be taken at the Parents' Meeting March 24 at 11:00am at First Friends Church

Names of other family members playing in league:

_____ Age _____

_____ Age _____

I give permission to use my child's photo participating in the First Friends Sports program on the First Friends Sports Web Site.

Approve Decline

Signature: _____ -

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my child's participation in the activities of the First Friends Church, I do hereby declare him/her to be medically able to participate in the activities (basketball, softball, volleyball, etc.) offered by First Friends Church (I understand that there are risks which may include disabling injury and/or death involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules and physical demands related to the activities undertaken). I agree to hold free from any and all liability the First Friends Church and its respective officers, employees, members, volunteers, and sponsors and do hereby for myself, my heirs, executors and administrators waive, and release and forever discharge any and all rights and claims for damages which I may have or which may accrue to him arising out of or connected with his/her participation in any of the activities of the First Friends Church. I have been appraised of and acknowledge the particular hazard and potential danger involved in my child's participation in the 2012 leagues.

Parent Signature: _____

PLEASE RETURN COMPLETED FORM WITH FEE TO FIRST FRIENDS SPORTS OFFICE AT ADDRESS LISTED ABOVE.