

# 2025 First Friends Dance Studio

## Flag Class Registration Form

Sept 23—Nov 15

Festival November 15

Please complete one registration for each person and return with  
payment to: First Friends Church, Attn: Sports and Recreation Office  
5455 Market Ave. N, Canton, OH 44714

Last Name \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell home work

Phone \_\_\_\_\_ cell home work

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Participant's Height \_\_\_\_ ft \_\_\_\_ in

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Email \_\_\_\_\_

Please print clearly

**Please mark appropriate box:**

**\*Cost**

☐ Praise Flag age 8+ \$70.00

☐ Youth Flag age 12-18 \$70.00

☐ Youth/Adult Silk and Pole additional fee \$30.00

☐ Praise Flag Silk and Dowel \$15.00

☐ Adult Flag \$70.00

**Total Fee Due** \_\_\_\_\_

Make check payable to First Friends Church.

**\*Refund Policy:** No refund will be given to any participant who withdraws after the second week of practice. An exception may be granted at the discretion of the staff due to medical reasons only. Further, no refund will be given to any participant removed from the class during the course of the season for disciplinary reasons. Refund will be determined according to return of equipment and condition of equipment. (dowel and flag)

### Waiver and Informed Consent Statement

In consideration of me or my child's participation in the activities of First Friends Church, I do hereby declare myself or him/her to be medically able to participate in the dance activities 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 myself or my child may have or which may accrue to myself or him/her arising out of or connected with my or 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 or my child's participation in the 2025 FFC Arts Academy classes. I hereby authorize First Friends Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my or my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of First Friends Church Sports for the sole purpose of advancing FFC Arts Academy programs.

### EMERGENCY PROCEDURE INFO.

Person to contact in emergency:

\_\_\_\_\_

Phone \_\_\_\_\_ Home Work Cell

Phone \_\_\_\_\_ Home Work Cell

Second contact in emergency:

\_\_\_\_\_

Phone \_\_\_\_\_ Home Work Cell

Phone \_\_\_\_\_ Home Work Cell

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

\_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

I have read the **Waiver and Consent** and I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

\_\_\_\_\_  
**Signature and Date**