

Drawing Registration Form

Drawing for Age 6-13

Sept 15—Nov 10, 2025

Fee \$35.00

Please complete one registration for each person and return with payment during business hours to:

First Friends Church, Attn: Sports and Recreation Office

5455 Market Ave. N, Canton, OH 44714

Check payable to First Friends Church.

Office hours 9am-3pm

**Drawing 1 & 2 Class Parent Meeting: Monday, Sept. 8
Time: 6pm.**

<input type="checkbox"/>	Drawing 1	Age 6—9	Monday	5:30pm – 6:30pm
<input type="checkbox"/>	Drawing 2	Age 9-13	Monday	4:00pm-5:00pm

Students are required to bring and maintain supplies for the Drawing Class. See website page/brochure for List of Supplies.

Last Name _____ M _____ F _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ cell home work

Phone _____ cell home work

Birth Date _____ Age _____

Mother's Name _____

Father's Name _____

Email _____

Please print clearly

Refund Policy:

(\$5.00 fee will be retained if refund requested)

No refund will be given to any student who withdraws after the first week of classes. An exception may be granted at the discretion of the staff due to medical reasons only.

Further, no refund will be given to any student removed from the class during the course of the season for disciplinary reasons.

Waiver and Informed Consent Statement

In consideration of my 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 Sports and Recreation activities offered by First Friends Church. I understand that there are risks which may include (ex: communicable diseases such as MRSA, influenza, and Covid 19), disabling injury, illness 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 Sports and Recreation classes. I hereby authorize First Friends Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, 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 for the sole purpose of advancing First Friends Sports and 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