

2025 Co-ed Fall Mat Ball Grades 6-12
Sept 11—Nov 13, 2025

Please Print Clearly. Complete separate form for each participant, sign waiver and medical information, return this form with fee to: First Friends Church, Attn: Sports Ministry, 5455 Market Ave N. Canton, Ohio 44714

BASIC INFORMATION

Last Name _____ M _____ F _____
First Name _____
Address _____
City _____ Zip _____
Phone _____ Birth Date _____
Day Phone _____ Mom/Dad, Work/Cell _____
Father's Name _____
Mother's Name _____
School _____ Grade _____
E-Mail _____

PLEASE PRINT CLEARLY

Shirt Size: Youth S M L
Adult S M L XL XXL

Fee: (\$5.00 fee retained for refunds)
_____ \$ 20 Registration Fee
Discount available for families with more than two children registering in league. Please register two children at \$10 each, then contact Tim Zornes to register the remaining children. tzornes@firstfriends.org

Make check payable to First Friends Church

EMERGENCY PROCEDURE INFORMATION

Person to contact in emergency: _____

Person's Home Phone _____
Person's Work Phone _____
Second contact in emergency: _____

Person's Home Phone _____
Person's Work Phone _____

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

Hospital Preferred _____

Doctor _____

Dentist _____

Special Requests? Please list below.

Is this the first time your child has participated in a First Friends Sports Activity? **Yes No**

Church Affiliation: _____ First Friends Church

If other

Church: Name: _____ City _____

Please read Waiver and Informed Consent Statement below and sign and date.

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my child's participation in the activities of the First Friends Church, (ex: communicable diseases such as MRSA, influenza, and COVID-19) 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, illness and/or death involved in all physical activities and I agree to familiarize myself with all equipment, facilities, rules, guidelines 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 my child may have or which may accrue to him/her 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 2025 leagues. I hereby authorize First Friends Church Sports Ministry 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 Sports Ministry for the sole purpose of advancing FFC Sports programs.

Parent Signature: _____ Date _____

Please complete form and submit with payment to address listed at top of page.