

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 August 25, 2025, WHICHEVER OCCURS FIRST.

2025 Co-Ed Ultimate Frisbee League for Adults and Youth Age 14+

PLEASE PRINT CLEARLY.

Name _____ M _____ F _____

Address _____

City _____ Zip _____

Phone _____ home work cell

Phone _____ home work cell

Birth Date _____ **Age _____

E-Mail _____

PLAYING EXPERIENCE:

Have you ever played before? _____ Experience Level _____

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

Fee must be paid with your registration

_____ \$ 25.00 Per Person Due at Registration (includes shirt)
(No refund after first game. See website for Refund Policy)

Checks should be made to: First Friends Church

I give my permission as a parent for my 14 –17yr old son/
daughter to participate in the Co-ed Ultimate Frisbee league
2025.

Please print Parent/Guardian Name below:

Phone Number _____

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 proce-
dures.

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.

Signature _____ Date: _____

Any special needs or considerations we need to know? Requests:

Church Affiliation: _____ First Friends Church

If other Church:

Name _____ City _____

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my participation in the activities of the First Friends Church, I do hereby declare myself 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 (ex: communicable diseases such as MRSA, influenza, and COVID 19), disabling injury 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 I may have or which may accrue arising out of or connected with my 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 participation in the 2025 Ultimate Frisbee league. I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care. I hereby authorize First Friends Church Sports Ministry to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my 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.

Signature: _____ Date _____

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