

**2025 MEN'S LEGENDS FALL BASKETBALL AGE 36+**  
**TUESDAY AT 7PM OR 8PM (IF NEEDED) SEPT 2—NOV 18**

**INSTRUCTIONS: Please Print Clearly.** Complete separate form for each player return this form with fee to:

Attn: Sports Office / First Friends Church / 5455 Market Ave. N. / Canton, OH 44714

Please note that when we list 'boy's/men's' or 'girl's/women's' we are referring to the birth gender of the participant. For all of our leagues, classes, unless they are designated as Coed, it is our policy that players participate within the gender designation that complies with the previous statement. We want to thank you for your understanding and cooperation in this matter.

**BASIC INFORMATION**

Last Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

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

E-mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

**PLAYING EXPERIENCE**

Please check all that apply to your basketball participation:

_____ Jr. High	_____ Varsity
_____ 9th Grade	_____ College
_____ Jr. Varsity	_____ Pro
_____ Recreation Leagues	

Jersey Size: (Circle One)

S      M      L      XL      XXL

**REGISTRATION FEE (must be paid with registration)**

\_\_\_\_\_ \$95.00 Registration Fee (\$5.00 fee for refund.  
See Refund Policy on website)

\_\_\_\_\_ \$20.00 Jersey (FFC black/red jersey, if you don't  
already have one from previous season)

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

**Please make checks payable to:**  
First Friends Church

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Special/Carpool 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, (ex: communicable diseases such as MRSA, influenza, and COVID-19) 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 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 I may have or which may accrue to me 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 leagues. 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 First Friends Church 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 for the sole purpose of advancing First Friends Sports programs.

Signature: \_\_\_\_\_ Date \_\_\_\_\_