

# 2025 MEN'S OPEN FALL BASKETBALL GAMES ON THURSDAYS AT 7, 8 OR 9PM, SEPT 4—Nov 20

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

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

## BASIC INFORMATION

"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"

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

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

Address \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ cell fwork home

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

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

**Please Print Legibly**

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)

M L XL XXL

## REGISTRATION FEE (must be paid with registration)

\_\_\_\_\_ \$95.00 Registration Fee (\$5.00 fee for refunds\*)

\_\_\_\_\_ \$20.00 (First Friends black/red jersey required if you don't already have one)

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

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

## EMERGENCY PROCEDURE INFO

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 \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ First Friends Church

If other Church:

Name \_\_\_\_\_ City \_\_\_\_\_

## \*REFUND POLICY

No refund will be given to any player who withdraws on or after the first week of games. An exception may be granted at the discretion of the staff due to medical reasons only. Further, no refund will be given to any player removed from the league during the course of the season for disciplinary reasons.

## 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 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 \_\_\_\_\_