

2019 Fall Co-Ed Youth Soccer Registration Form
Deadline to Register August 14, or when league fills up, whichever occurs first.

INSTRUCTIONS: Please Print Clearly. Complete separate form for each child, sign waiver and return this form with fee to: Attn: Sports Office / First Friends Church / 5455 Market Ave. N. / Canton, OH 44714 (make check payable to First Friends Church)

BASIC INFO (ONE FORM FOR EACH CHILD)

Participant's Full Name: (please circle gender) _____ **M** **F**

Address _____

City _____ State _____ Zip Code _____

Phone: (____) _____ Home Work Cell

Phone: (____) _____ Home Work Cell

Father's Name _____

Mother's Name _____

Child's Date of Birth (MM/DD/YY) _____

E-Mail _____

Please Print Clearly

School _____ Age _____

Have you ever played before? ____ Yes ____ No

Is this your first time participating in a First Friends League? _____

Shirt Size: YOUTH S M L
 ADULT S M L XL XXL

MARK LEAGUE REGISTERING FOR:

**REGISTER CHILD ACCORDING TO HIS/HER AGE
 ON SEPTEMBER 1, 2019**

***\$5.00 FEE RETAINED IF REFUND REQUESTED**
 \$ _____ Girls & Boys U7 Age 4,5-6 **\$40.00**
 \$ _____ Girls & Boys U10 Age 7-9 **\$55.00**
 \$ _____ Girls & Boys U12 Age 10-11 **\$60.00**
 \$ _____ Girls & Boys U15 Age 12-15 **\$60.00**

FEE INCLUDES T-SHIRT

Yes, I want to Coach in this league _____

Name _____ Phone _____

Shirt Size: ADULT S M L XL XXL

Check website for Coaches Meeting info at First Friends.

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 _____

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

Parent Signature and Date _____

Special Requests: _____

**No refund will be given to any player who withdraws after the second week of practice. 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 child's participation in the activities of First Friends Church, 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 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 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 2019 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 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 Sports Ministry for the sole purpose of advancing FFC Sports programs.

Parent Signature & Date: _____

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