

2019 MEN'S OPEN FALL BASKETBALL SEPT 5—NOV 21

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)

_____ \$70.00 Registration Fee (\$5.00 fee for refunds*)

_____ \$20.00 (FFC 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, 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 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 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 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 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 _____