

2020 BASKETBALL CLINIC **Grades K-1 BOYS AND GIRLS** JANUARY 11- FEBRUARY 29, 2020

Please Print Clearly. Complete separate form for each child, sign waiver and medical information, mail this form with fee to: First Friends Church, Attn: Sports Ministry, 5455 Market Ave N. Canton, Ohio 44714

BASIC INFORMATION

Last Name _____ M _____ F _____
 First Name _____
 Address _____
 City _____ Zip _____
 Phone _____ Birth Date _____
 Day Phone _____ Mom/Dad, Work/Cell _____
 Father's Name _____
 Mother's Name _____
 School _____ Grade _____
 E-Mail _____

Shirt Size: Youth S M L

Fee: (\$5.00 fee retained for refunds)
 _____\$ 35 Registration Fee
 _____\$ 20 FFC JERSEY if you don't already
 have one from previous year.
 _____\$ Total Fee Due

Make check payable to First Friends Church

PARENT: It is important to have adequate coaching/supervision for this age group. Our hope is to have at least three coaches per team.

No previous experience is necessary. Do you want to coach in this clinic? Yes No

Name _____

If Yes please circle shirt size: S M L XL XXL

EMERGENCY PROCEDURE INFORMATION

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 _____

Special Requests? Please list below.

Is this the first time your child has participated in a First Friends Sports Activity? Yes No

Church Affiliation: _____ First Friends Church

If other

Church:Name: _____ City _____

Please read Waiver and Informed Consent Statement below and sign and date.

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my child's participation in the activities of the 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 I 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 2020 clinic. 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 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 Church Sports Ministry for the sole purpose of advancing FFC Sports programs.

Parent Signature: _____ Date _____

Please complete form and submit with payment to address listed at top of page.