

2020 GIRLS VOLLEYBALL CLINIC Grades 2-3

January 8 - February 26 NOTE: NEW DAY AND TIME: Wednesdays at 5pm to 6pm

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

BASIC INFORMATION

Last Name _____
First Name _____
Address _____
City _____ Zip _____
Phone _____ Birth Date _____
Day Phone _____ Mom/Dad Work/Cell
Please circle one
Father's Name _____
Mother's Name _____
School _____ Grade _____
Email _____

PLEASE PRINT CLEARLY

Participant Shirt Size: Youth S M L
Adult S M L

Fee: _____ \$ 40.00 Registration Fee (\$5.00-refund fee)
Includes T-shirt

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. First Friends will provide you weekly with all the information you need to coach a one hour session.

I would like to volunteer to coach in this clinic?
_____ Yes _____ No

If yes: Shirt Size S M L XL XXL
Coaches Meeting 1/2 hour before each clinic

EMERGENCY PROCEDURE INFO

Person to contact in emergency:

Person's Phone _____ Home Work Cell
Person's Phone _____ Home Work Cell

Second contact in emergency:

Person's Phone _____ Home Work Cell
Person's Phone _____ Home Work Cell

Please list any allergic reactions, serious injuries or special medical procedures.

Hospital Preferred _____

Doctor _____

Dentist _____

Requests: _____

Please read waiver and consent and sign below.

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 current 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 and All Out Sports 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 and All Out Sports for the sole purpose of advancing All Out Sports programs.

Parent Signature: _____ Date _____
*Return this completed form with payment to address listed above. Office hours Mon-Fri 9am-5pm
Church offices closed Dec 24—Jan 1, 2020*