

PLEASE PRINT FORM, COMPLETE AND RETURN WITH PAYMENT TO: FIRST FRIENDS SPORTS OFFICE, 5455 MARKET AVE N, CANTON, OH 44714 A COMPLETED FORM AND FEE WILL BE ACCEPTED IN THE SPORTS OFFICE UNTIL NOV 29, OR UNTIL SPACES FILL UP. league fills up quickly!

2019/2020 Winter Girls Volleyball

EMERGENCY PROCEDURE INFO

Person to contact in emergency:

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Phone _____ Birth Date _____

Daytime Phone (M or D) _____

Father's Name _____

Mother's Name _____

E-mail _____

School _____ Grade _____

DID YOU PARTICIPATE ON YOUR SCHOOL TEAM? Yes / No

HOW MANY YR'S HAS YOUR STUDENT PARTICIPATED IN VOLLEYBALL? ____ YRS

CAN YOU PRACTICE AT 4:00PM? YES / NO (HS OR LOW IMP)

CAN YOU PRACTICE AT 9:00 P.M? YES/ NO (JR HIGH)

You must sign up in the appropriate age group.

No one moves up without staff approval.

MARK LEAGUE REGISTERING FOR:

(Please fill out one form per child)

_____ **Low Impact (4th, 5th, & 6th Grades)**

_____ **Jr. High (7th - 8th Grades)**

_____ **Varsity (9th - 12th Grades)**

LEAGUE FEE:

_____ \$ 65 Registration fee (\$5.00 fee retained for refunds)
includes jersey

Please Mark Jersey Size:

Youth Shirt Size: S M L

Adult Shirt Size: S M L XL XXL

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 _____

NOTE:

*There is no longer a guarantee of grouping players together for carpooling purposes. These leagues are going to be drafted according to ability, to best serve each player. Requests can be made, however they **ARE NOT** guaranteed.*

I want to coach in this league Yes / No

Name: _____ **Ph#** _____

Shirt Size: **Adult S M L XL XXL**

Please attend Coaches Meeting Nov 23 at 9:30a or Nov 25 at 6p

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 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 apprised of and acknowledge the particular hazard and potential danger involved in my child's participation in the 2019/2020 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 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 the 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 LISTED ABOVE.