

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 SPACES FILL UP OR March 30, WHICHEVER OCCURS FIRST.

2020 CO-ED BASEBALL LEAGUES AGES 5-8

Please Print Clearly

Last Name _____ Sex M__F__

First Name _____

Address _____

City _____ Zip _____

Home Phone (____) _____

Daytime Phone (please circle one)

Mom or Dad (____) _____ home/work/ce

Birth Date _____ Age _____

Father's Name _____

Mother's Name _____

School _____ Grade _____

E-Mail _____

IMPORTANT- please print e-mail address clearly:

Youth Jersey: (Circle One)

Youth Size: S (6-8) M (10-12) L (14-16)

Adult Size: S M L XL

Is this the first time your child has participated in a FFC Sports Activity? ____Yes ____No

PARENT: Would you like to volunteer coach in this league?
____Yes ____No

If yes—Jersey Size (Circle One) S M L XL XX
Coaches Meeting Date/Time will be announced on First Friends Sports website www.firstfriendssports.com T-ball/Coach Pitch league pages.

- | | | |
|---|-----------------------------------|-------------|
| Mark league: | **(\$5.00 fee for refunds) | Fee: |
| <input type="checkbox"/> T-Ball (boys/girls ages 5-6) | | \$60.00 |
| <input type="checkbox"/> Coach Pitch (boys ages 7-8) | | \$60.00 |

**No refund will be given to any player who withdraws after the first 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 the First Friends Sports League, I do hereby declare him/her to be medically able to participate in the activities (basketball, softball, volleyball, etc.) offered by First Friends Sports (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 Sports 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 arising out of or connected with his/her participation in any of the activities of the First Friends Sports. I have been appraised of and acknowledge the particular hazard and potential danger involved in my child's participation in the 2020 leagues. 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 the FFC Sports programs.

Parent Signature: _____ Date _____

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

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 _____

Date _____

Requests: *Requests are not guaranteed. Please refer to our policy on website.*

We will do our best to accommodate your needs, but there are no guarantees.