

2010 Fall Youth Basketball Registration Form

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 INFO

Participant's Full Name: (please circle gender)
 _____ **M** **F**

Address _____

City _____ State _____ Zip Code _____

Phone: _(_____) _____ Home Work Cell

Phone: _(_____) _____ Home Work Cell

Father's Name _____

Mother's Name _____

Child's Date of Birth (MM/DD/YY) _____

E-Mail _____

School _____

Grade (Circle) 2 3 4 5 6

Have you ever played before? ____ Yes ____ No

Shirt Size: YOUTH S M L

ADULT S M L

MARK LEAGUE REGISTERING FOR:

\$5.00 FEE FOR ALL REFUNDS

\$_____ Girls & Boys Bantam \$35

\$_____ Girls Cadet \$50

\$_____ Boys Cadet \$50

\$_____ \$17 NEED JERSEY

\$_____ TOTAL FEE DUE

Yes, I'm interested in coaching in this league

Name _____

Shirt Size: ADULT S M L XL

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 and Date _____

Bantam League Special Requests: _____

Cadet League Requests only taken at Parents Meeting.

I give my permission for my child's photos participating in First Friends Sports League to be used on First Friends website: **APPROVE** **DECLINE**
 Signature _____

Waiver and Informed Consent Statement

In consideration of my child's participation in the activities of 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 appraised of and acknowledge the particular hazard and potential danger involved in my child's participation in the 2010 leagues. 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: _____

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