

ADULT CO-ED VOLLEYBALL LEAGUE

Please print out, complete and return this with payment to: Attn: Sports Office, First Friends Church, 5455 Market Ave. N., Canton, OH 44714 Please complete separate form for each player

BASIC INFO

Name _____ M ___ F ___

Address _____

City _____ State _____ Zip _____

Phone _____ Home Work Cell

Phone _____ Home Work Cell

Birth Date _____ Age _____

E-mail _____

Do you Text? Yes No

PLAYING EXPERIENCE

Please check all that apply to your experience:

____ Jr. High ____ Varsity
____ 9th Grade ____ College
____ Jr. Varsity ____ Pro
 ____ Recreation Leagues

FEE due with your registration

_____ \$ 30 Per Person (\$5.00 fee for refund)

Make Checks to First Friends Church

Church Affiliation: ____ First Friends Church

If other Church: _____

All Players: No more than one name is permitted as a request to be on the same team.

Special Needs or Request: _____

I give permission for my photo participating in First Friends Sports Leagues to be used on First Friends Web site. **YES** **NO**
 PLEASE CIRCLE ONE

Signature _____

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my participation in the activities of the First Friends Church, I do hereby declare myself 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 arising out of or connected with my 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 participation in the current Volleyball league.

EMERGENCY PROCEDURE INFO

Person to contact in emergency:

Phone _____ Home Work Cell

Phone _____ Home Work Cell

Second contact in emergency:

Phone _____ Home Work Cell

Phone _____ Home Work Cell

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

Hospital Preferred _____

Doctor _____

Dentist _____

I have read the above **Waiver and Consent** and I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Signature _____

Date _____

Please complete form and return to First Friends Church Sports Office with fee prior to beginning of league.