

**INSTRUCTIONS: Please Print Clearly.** Complete separate form for each player, and return this form with fee to: Attn: Sports Office / First Friends Church / 5455 Market Ave. N. / Canton, OH 44714

**FALL 2010 MEN'S OPEN BASKETBALL LEAGUE (AGES 18—39)**

**Please Print Clearly.** Complete and return with payment to the Sports Office.

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Home Work Cell  
Phone: \_\_\_\_\_ Home Work Cell  
E-mail \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**PLAYING EXPERIENCE**

Please check all that apply to your experience:

\_\_\_\_\_ Jr. High \_\_\_\_\_ Varsity  
\_\_\_\_\_ 9th Grade \_\_\_\_\_ College  
\_\_\_\_\_ Jr. Varsity \_\_\_\_\_ Pro  
\_\_\_\_\_ Recreation Leagues

**Shirt Size: (Circle One)**

M L XL XXL 3X

**REGISTRATION FEE** (must be paid at registration)

\_\_\_\_\_ \$ 40.00 Registration Fee (\$5.00 fee for refund)

\_\_\_\_\_ \$18.00 Jersey (if not previously purchased)  
(First Friends Jersey required)

\_\_\_\_\_ **Total Due**

Please make checks payable to First Friends Church

**Church Affiliation:** \_\_\_\_\_

**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 give my permission** to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Carpool/Special Requests** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I give permission** to use my photo participating in the First Friends Sports program on the First Friends Sports Website. **ACCEPT** **DECLINE** (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 to me 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 2010 leagues.

**Signature:** \_\_\_\_\_