

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 May 10., 2010, WHICHEVER OCCURS FIRST.

## 2010 Church League Sand Volleyball

### PLEASE PRINT CLEARLY.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ 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 must be paid with your registration

\_\_\_\_ \$ 25 Per Person Due at Registration  
(\$5.00 fee for refunds)

**Checks should be made to:**  
First Friends Church

Church Affiliation: \_\_\_\_ First Friends Church

If other Church:  
Name \_\_\_\_\_ City \_\_\_\_\_

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

Any special needs or considerations we need to know?

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

### 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: \_\_\_\_\_

I give permission to use my photo participating in the First Friends Sports program on the First Friends Sports Web Site.

Signature: \_\_\_\_\_  
Approve      Decline (please circle one)

Date: \_\_\_\_\_

### 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 2010 Volleyball league. Signature: \_\_\_\_\_

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