

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

## WOMEN'S BASKETBALL LEAGUE

## EMERGENCY PROCEDURE INFO

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Home Work Cell

Phone \_\_\_\_\_ Home Work Cell

Do You Text?      Yes      No

Birth Date \_\_\_\_\_

Email \_\_\_\_\_

### FEE MUST BE PAID WITH YOUR REGISTRATION

\_\_\_\_\_ \$ 55 Registration

\_\_\_\_\_ \$ 18 Jersey Fee (must have a FFC jersey)

\_\_\_\_\_ \$ Total Amount Due (*please circle jersey size*)

Jersey Size—Adult      S      M      L      XL

### **PLAYING EXPERIENCE**

Please check all that apply to your basketball participation:

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

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

Person to contact in emergency:

\_\_\_\_\_

Phone \_\_\_\_\_ cell home work

Phone \_\_\_\_\_ cell home work

Second contact in emergency:

\_\_\_\_\_

Phone \_\_\_\_\_ cell home work

Phone \_\_\_\_\_ cell home work

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 my permission** for my photo participating in First Friends Sports to be used on the First

Friends Church Web Site:      **APPROVE**      **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 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 Women's Basketball league.

Signature and Date: