

# 2018 Fall Co-Ed 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—SEE POLICY ON WEBSITE**

\$ \_\_\_\_\_ Co-Ed Bantam \$45 (Gr 2-3)

\$ \_\_\_\_\_ Co-Ed Cadet \$55 (Gr 4-6)

\$ \_\_\_\_\_ Jersey \$20

*Required unless you purchased one previous year.*

\$ \_\_\_\_\_ **TOTAL FEE DUE**

## 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 \_\_\_\_\_

**Special Request** (One per registrant)

\_\_\_\_\_

Reason: \_\_\_\_\_

**Please read Request Policy on website.**

**Yes, I'm interested in coaching in this league**

Please plan to attend Coaches Meeting for the league you are registering you child in. Check website for date and time.

Name \_\_\_\_\_

Phone \_\_\_\_\_

Shirt Size: ADULT S M L XL XXL 3XL

## 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 2018 leagues. I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care. I hereby authorize First Friends Church and All Out Sports to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of First Friends Church and All Out Sports for the sole purpose of advancing All Out Sports programs.

**Parent Signature & Date:** \_\_\_\_\_

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