

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

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

(\$5.00 fee retained if refund requested.) See website
for policy

_____ \$80 Registration

_____ \$20 Jersey Fee (First Friends Jersey
required, black/red, If not previously purchased.)

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

Jersey Size—Adult S M L XL XXL

PLAYING EXPERIENCE

Please check all that apply to your basketball
participation:

_____ Jr. High

_____ 9th Grade

_____ Jr. Varsity

_____ Recreation Leagues

_____ Varsity

_____ College

_____ Pro

Church Affiliation: _____

EMERGENCY PROCEDURE INFO

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 _____

Requests: _____

*Please note that when we list 'boy's/men's' or 'girl's/women's' we are
referring to the birth gender of the participant. For all of our leagues,
classes, unless they are designated as Coed, it is our policy that
players participate within the gender designation that complies with
the previous statement. We want to thank you for your understanding
and cooperation in this matter.

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 (ex: communicable diseases such as MRSA, Influenza, and Covid 19) which may include disabling injury and/or death involved in all physical activities. I agree to familiarize myself with all equipment, facilities, rules, guidelines 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 Sports Ministry. I have been appraised of and acknowledge the particular hazard and potential danger involved in my participation in the 2023 Basketball league. 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 Sports Ministry to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of First Friends Sports Ministry for the sole purpose of advancing FFC Sports programs.

Signature and Date: _____