

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 Jan 9, 2024, WHICHEVER OCCURS FIRST.

## 2024 Co-Ed Disc Golf Putting League Age 15+

### PLEASE PRINT CLEARLY.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Birth Date \_\_\_\_\_ \*\*Age \_\_\_\_\_

E-Mail \_\_\_\_\_

### PLAYING EXPERIENCE:

Have you ever played before? \_\_\_\_\_ Experience Level \_\_\_\_\_

Fee must be paid with your registration

\_\_\_\_\_ \$ 30 Per Person Due at Registration

(\$5.00 fee retained for refunds. See website for Refund Policy)

Checks should be made to: First Friends Church

**I give my permission as a parent for my 15-17yr old son/  
daughter to participate in the Co-ed Disc Golf Putting league  
2024.**

\_\_\_\_\_  
**Please print Parent/Guardian Name below:**

\_\_\_\_\_  
**Phone Number** \_\_\_\_\_

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

**Any special needs or considerations we need to know? Requests:**

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

If other Church:

Name \_\_\_\_\_ City \_\_\_\_\_

### 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 (ex: communicable diseases such as MRSA, influenza, and COVID 19), disabling injury and/or death involved in all physical activities and 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. I have been appraised of and acknowledge the particular hazard and potential danger involved in my participation in the 2024 Disc Golf Putting 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 Church Sports Ministry for the sole purpose of advancing FFC Sports programs.

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

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