

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 December 22, 2023, *WHICHEVER OCCURS FIRST.*

2024 Adult Co-ed Winter Volleyball League

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

Please check which division you are registering in:

____ White/Blue Division \$50 fee due with registration
(\$5.00 fee retained for refunds)

____ Red Division (no fee due until approved)

Checks should be made to:

First Friends Church

No refund will be given to any player who withdraws on or after the first game. An exception may be granted at the discretion of the staff due to medical reasons only. Further, no refund will be given to any player removed from the league during the course of the season for disciplinary reasons.

Church Affiliation: ____ First Friends Church

If other Church: Name _____ City _____

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: _____

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?

WAIVER AND INFORMED CONSENT STATEMENT

In consideration of my participation in the activities of the First Friends Church, (ex: communicable diseases such as MRSA, influenza, and COVID-19) 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, illness 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 Volleyball 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 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 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.