

2024 Fall **Girls Gr 4-6 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

BASIC INFO

Participant's Full Name: _____

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

\$ _____ \$85 (Gr 4-6)

\$ _____ \$20 Jersey

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 _____

**** Gender Policy:** *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 child's participation in the activities of the First Friends Church, (ex: communicable diseases such as MRSA, influenza, and COVID-19) 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, 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 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 2024 leagues. I hereby authorize First Friends Church Sports Ministry 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 Sports Ministry for the sole purpose of advancing FFC Sports programs.

Parent Signature & Date: _____