2024 Men's legends Fall Basketball Age 36+ (Note age change)

TUESDAY at 8pm or 9pm (if needed) Sept 10—Nov 19

Instructions: Please Print Clearly. Complete separate form for each player return this form with fee to:
Attn: Sports Office / First Friends Church / 5455 Market Ave. N. / Canton, OH 44714

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.

BASIC INFORMATION

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Phone _____ Work/Cell _____

Birth Date _____

E-mail _____

Height _____ Weight _____ Age _____

PLAYING EXPERIENCE

Please check all that apply to your basketball participation:

_____Jr. High
_____9th Grade
_____Jr. Varsity
_____Varsity
_____College
_____Pro
_____Recreation Leagues

Jersey Size: (Circle One)

S M L XL XXL

REGISTRATION FEE (must be paid with registration)

_____$80.00 Registration Fee ($5.00 fee for refund. See Refund Policy on website)

_____$20.00 Jersey (FFC black/red jersey, if you don't already have one from previous season)

_____ **Total Due**

Please make checks payable to:
First Friends Church

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 _____

Special/Carpool 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, (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 to me 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 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 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 First Friends Sports programs.

Signature: _____ Date _____