

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 MARCH 21, 2025, WHICHEVER OCCURS FIRST.

2025 FIRST FRIENDS SPORTS MINISTRY MIDDLE SCHOOL/HIGH SCHOOL
****GIRLS Basketball League (one form for each participant) Gr 6-12**

Last Name _____

First Name _____

Address _____

City _____ Zip _____ Birth Date _____

Phone _____ Age _____

Daytime Phone (M or D) _____ Cell/Work _____

Father's Name _____

Mother's Name _____

Player's E-mail _____

School _____ Grade _____ Height _____

Jersey: Adult S M L XL XXL
(circle size)

DID YOU PARTICIPATE ON YOUR SCHOOL TEAM THIS YEAR
(2024/2025) YES / NO (please circle)

IS THIS THE FIRST TIME PARTICIPATING IN A FIRST FRIENDS
SPORTS ACTIVITY? YES / NO (please circle)

PARENTS:

I would like to coach in this league: Yes _____ No _____

NAME _____ **Phone #** _____

Shirt Size S M L XL XXL

Plan to attend 3/11 Coaches Meeting at 7pm.

Mark league registering for: (\$5.00 fee deducted from all refunds. See
website for refund policy.)

_____ \$ 80 Middle School/High School Girls League Fee

_____ \$ 20 **FFC Sports jersey**

_____ **Total Fee Paid**

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 _____

I give my permission to the staff to secure a licensed physician in the
case of an emergency to provide the necessary care.

Parent Signature _____

Date _____

NOTE: Only **one** request will be considered, not guaranteed:

***Refund Policy:** No refund will be given to any player who withdraws after the first week of practice. 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.

**** 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, 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 (communicable diseases such as MRSA, influenza, and COVID 19) 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 dam-
ages 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 partic-
ipation in the 2025 leagues. I hereby authorize First Friends Church to use, reproduce, distribute, display, and to license others to use, repro-
duce, distribute, and display, my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connec-
tion with external and internal communications of First Friends Church for the sole purpose of advancing First Friends Sports programs.

Parent Signature: _____ Date _____

PLEASE RETURN COMPLETED FROM WITH FEE BEFORE LEAGUE FILLS UP TO FIRST FRIENDS SPORTS OFFICE AT
ADDRESS LISTED ABOVE.