

FIRST FRIENDS

2018 Youth Basketball League



How to Register

- Turn the back of this brochure into the church office either via mail or in person.
- Office Hours: Mon-Thurs 9am-3pm
- Checks: *First Friends Church*.

Registration Information

Registration will be open until November 27th.
Walk-ins at evaluation night are permitted.

- Early Bird (by 11/13): **\$45**
- Regular (by 11/27): **\$60**

Age Divisions/Evaluation Time

Evaluations: Nov 27th at First Friends (**Mandatory**)

- 1st-2nd Grade Division - 5:30-6:30pm
- 3rd-4th Grade Division - 6:30-7:30pm
- 5th-6th Grade Division - 7:30-8:30pm

Important Dates

- Evaluations: Nov 27th (**Mandatory**)
- Coaches Meeting: Dec 2nd
- First Practice: Dec 4th/5th
- First Game: Jan 6th
- Tournament: March 3rd (3-4 & 5-6 div only)
- Recognition Sun/Banquet: March 4th

For More Info, Contact

Mike Barnes - League Director

- mike@salemfirstfriends.org
- 330-332-0001

Church Information

- 1028 Jennings Ave Salem OH 44460
- 330-332-0001
- salemfirstfriends.org/sports-ministries

Discounts Available

- **Coaching Discount:** If you are interested in volunteering to coach, please see the back for details.
- **Family Discount:** Please take \$5 off for each additional child (after one) if registering multiple children in one family.
- **Jersey Discount:** If the jersey still fits from last year (or you're using a sibling's old jersey), you may select "none" on the back side and receive a \$10 discount. Simply pay the appropriate amount. **NOTE: All players are required to have their own jersey. Sharing jerseys is not allowed.
- **Scholarships:** A number of scholarships will be available in cases of financial need. Upon request. Please contact the league director to inquire more information.

Kindergarten Clinic *NEW*

We are offering an 8 week Kindergarten Clinic this season on Saturday mornings for one hour at 8:45am. This will begin on Jan 6th and end on Feb 24th. Kids will still receive a jersey and participate in scrimmaging towards the end of the season. They will also be invited to our year end banquet. The purpose of this will be to introduce kids to the basic elements of the game. *Family discounts do not apply here*

- Cost: \$30 | Registration Deadline: 11/27



**First
Friends
Church**

Participant Information (Circle last name if taking family discount):

Last: _____ First: _____ M.I.: _____

Gender: _____ Height _____ School Attending: _____

Date of Birth: _____ / _____ / _____ Grade _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail _____ Jersey Size (**Specify: Youth or Adult or None**) _____

****We will have Jerseys to try on at evaluations. Put down a size, but you will be able to change it that night if needed.**

****Please do not put jersey sizes in numbers such as Youth 7-8 or 10-12. Please write like this: Youth Small (YS) or Adult Medium (AM) etc.**

Coaching/Volunteering Information:

If you are interested in volunteering for this league, please put your name and email down and pay the appropriate amount that your discount provides (Discount is for each team coached, not for each child registered). If coaching 2 kids on one team, you will be asked to pay in full for one kid (minus the family discount). But the other kid will be at the appropriate discounted price. We will be in touch with you via email to give you further instructions. There will only be one official head coach and one official assistant coach per team. **First come, first serve.

Head Coach (\$20 Discount) Name Email _____

Assistant Coach (\$10 Discount) Name/Email _____

Miscellaneous Information:

• How many years has your child participated in organized basketball? _____

• Participant Info Notes _____

• List up to three friends to be on your child's team (We will do our best to have at least one of the following you have listed on your child's team).

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above named child, authorize the participation of my child in the Youth Basketball Program at Salem First Friends Church. I understand that this program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the program is conducted by Salem First Friends Church, its volunteers and staff, including parents of other participating children. I also understand that Salem First Friends Church is solely responsible for all aspects of the program including selection and supervision of all persons conducting the program. I further understand and agree that my child's participation in athletic and other activities of the program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant/promise not to sue the program, Salem First Friends Church and all of the Church's directors, commissioners, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, photographers and all other persons associated with the program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize Salem First Friends Church 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 the Church and the program. By providing your email address, you agree to be included in occasional surveys from the Salem First Friends Sports Ministry at which time you will have the opportunity to unsubscribe.

MEDICAL CONDITIONS

I understand that participation in the program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If Salem First Friends Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, Salem First Friends Church may determine that my child cannot be permitted to participate. I understand and agree that, while Salem First Friends Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize Salem First Friends Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

By signing this form, you agree to all the the rules (found online at saalemfirstfriends.org/sports-ministries) and the stipulations above and agree to the expectations of the parents/guardians. You also agree to conduct yourself with integrity and kindness towards players, coaches, referees, and other spectators at all games and practices.

Signature: _____

Printed Name: _____ Date: _____