

Emergency Contact Information

1st Contact: _____

Home/Cell: _____ Work: _____

2nd Contact: _____

Home/Cell: _____ Work: _____

Medical Information

List any medications, allergic reactions, special medical conditions or health supplies needed:

Hospital Preferred: _____

Doctor: _____

Dentist: _____

Waiver and Informed Consent Statement

In consideration of my participation in the activities of Jackson Friends Church, I do hereby declare myself to be medically able to participate in the activities offered by Jackson Friends Church. I understand that there are risks which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold free from any and all liability Jackson Friends Church and their 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 Jackson Friends Church. I have been appraised of and acknowledge the particular hazards and potential danger in my participation in this league. I agree to inform the church of any medical needs prior to the start of the league. I give my permission to the staff to secure appropriate medical treatment in case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities.

Participant Signature _____

Date _____



Christ In Us and Through Us

Jackson Friends Church

7945 Portage Street NW
Massillon, OH 44646

Return Service Requested

NONPROFIT ORG.
U.S. POSTAGE
PAID
CANTON, OH
PERMIT NO. 287

2010 Fall High School Dodge Ball League

COED



Saturday Evenings
Sept. 25th to Nov. 6th

I am not ashamed of the gospel, because it is the power of God for the salvation of everyone who believes... Romans 1:16

Jackson Friends Church Sports and Recreation

7945 Portage St NW • Massillon, OH 44646
(330) 966-0832 • Fax (330) 966-1424
sportsandrec@jacksonfriends.org
www.JacksonFriends.org/sports

www.JacksonFriends.org

2010 Fall Dodge Ball League

Saturday evenings

September 25th—November 6th

ALL HIGH SCHOOLERS

2 Matches per night

Each match consists of 3 games

8:00 PM TO MIDNIGHT

CREATE YOUR OWN APPROPRIATE
UNIFORMS AND TEAM NAMES
(MUST BE APPROVED BY MOBY)

- Your completed registration form and payment must be received in the recreation office by mail or in the drop box at Jackson Friends Church. No phone registrations will be taken.
- Additional registration forms are available on our web site: www.JacksonFriends.org
- Team slots are given on a first come, first served basis, so register as early as possible. Teams must be registered by **Sept. 20th**.
- **Teams consists of 6—10 players**
- You may have male, female, or coed teams
- All teams will play each other, regardless of team composition (male, female, or coed)

Questions? Call or e-mail us:

(330) 966-0832 • sports@jacksonfriends.org



Christ In Us and Through Us



2010 Fall High School Dodge Ball League



Player Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Please contact me by e-mail only

Home Church: _____

Send me info on Jackson Friends Church

Age: _____ Birth date: _____/_____/_____

Gender: **Male Female**

Circle which league:

Payment Information

\$100 a team by Sept. 20th

Mail registration forms and payment to:

Jackson Friends Church

Sports and Recreation

7945 Portage St NW

Massillon, OH 44646

For Office Use Only

Received: _____ Initials: _____ SK: _____

Amount: _____ Cash/Check: _____

Team Information

Are you on a team?

NO - Please put me on a team

YES - Below is my team information

Team Name: _____

Player Names:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Each player must submit a separate registration!

Team Leader Contact Information:

Name: _____

Phone: _____

E-mail: _____

• Teams must be registered by **Sept. 20, 2010**

• Each team must have a **minimum of six** players paid and registered by Sept 20th to be given a team slot. You do not have an official team slot until all six registrations are received. Register early or your slot could go to another team!