

## Registration

A complete Registration forms and fees **MUST** be received in the recreation drop box located on the west side (Arlington Rd.) outside the gym door or in the mail. **(NO TELEPHONE REGISTRATIONS.)** Register as early as possible, as acceptance is on a first come, first serve basis. Registrations will be taken until the league is full, or until November 9th, whichever comes first. **IF SPACE IS AVAILABLE**, registrations will be taken up to November 15th, **with the appropriate late fees.**

### About the League:

Teams will play 5 on 5, full court, with licensed officials. Ages 18 and up

**You MUST enter as a team to be accepted.**

**You MUST turn in all of the team's registration forms and payments at the same time (together) to be accepted into the league. No exceptions!**

**Also be sure to purchase a reversible jersey if you did not buy one last year.**  
**JFC Reversible ONLY this year.**

**Don't forget to sign the waiver!!!!**

## Jackson Friends Sports & Rec

### Mission Statement:

Our goal at Jackson Friends church is to provide an atmosphere that establishes the highest standards for spiritual, physical, emotional, and mental health. We encourage everyone who does not know Christ, to establish a personal relationship with Him. We encourage a deeper walk for those who already have a personal relationship with Jesus Christ. We seek to provide a place for sports and other recreational activities that will enhance fellowship and interpersonal relationships. We seek to provide a scriptural basis for competition in all our programs. We strive to achieve fun and positive experience for everyone involved. We make these programs available to the community regardless of the person's race, sex, creed or church background.

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

Jackson Friends Church  
7945 Portage Street, N.W.  
Massillon, Ohio 44646  
(330)966-0832  
**Return Service Requested**



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

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**2010-2011**  
**Adult**  
**(16 & up)**  
**Winter Basketball League**

**November 16 – March 1st**  
**Tuesdays and possibly Thursdays**

**GAMES**

- Games will be played on Tuesdays with overflow games on Thursdays
- Following each game the teams will meet for a short devotion time.

Are you on a team? Yes\_\_ No\_\_

**Team Captain's Name & Phone #**

\_\_\_\_\_

**Roster:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Team Rosters may include any number of players but you may not add to your roster after the second game of the season unless there is a season ending injury.

**2010-2011 Winter Basketball Registration Form**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

Zip\_\_\_\_\_

Phone( )\_\_\_\_\_

Email\_\_\_\_\_

\_\_\_\_X Yes, I would like information about **Jackson Friends Church.**

**JFC authorized reversible jersey required for game play. No Exceptions!**

**Shirt Size** (Circle One)  
**Adult - M L XL XXL XXXL**  
 (XXL &XXXL are \$5 extra)

Fee Enclosed  
 Payable to: **JACKSON FRIENDS CHURCH**

\_\_\_\_ X \$80.00 until November 9, 2010

\_\_\_\_ X \$85.00 after November 9, 2010

\_\_\_\_ X \$22.00 Jersey Fee

\_\_\_\_ X Additional \$5.00 for XXL or XXXL

\_\_\_\_\_ Total

<b>For Office Use Only</b>	
Date Received _____	(Int.) _____
Amount _____	Cash/Check _____

**Other Activities for Adults**

Adult Golf League -- Thurs. nights @ Rolling Greens Golf Course

Youth Basketball – Mon. thru Thurs. Grades 4 – 8

Men's Softball Team – Mon. nights

**Watch for details on our website:**

[www.jacksonfriends.org](http://www.jacksonfriends.org) for upcoming sports and leagues



EMERGENCY PROCEDURE INFO

Person to contact in an emergency:

Person's Home Phone\_\_\_\_\_

Person's Work Phone\_\_\_\_\_

Second Contact in an emergency:

Person's Home Phone\_\_\_\_\_

Person's Work Phone\_\_\_\_\_

Please list any allergic reactions, serious injuries or special needs:

\_\_\_\_\_

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.

**Waiver and Informed Consent Statement**

In consideration of my child's participation in the activities of Jackson Friends Church, I do hereby declare him/her 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 my child or I may have or which may accrue to him/her arising out of or connected with his/her participation in any of the activities of Jackson Friends Church. I have been apprised of and acknowledge the particular hazards in my child's 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**  
 (You must be at least 18 yrs. old to sign for yourself)