

"A COMMUNITY RESPONSE TO COMMUNITY NEEDS"

SW TIGERS/TIGERETTS SPORTS PROGRAM
6600 Old National Highway College Park, Georgia 30349 Telephone 404-713-2958
BASKETBALL & CHEERLEADER REGISTRATION FORM

PLEASE PRINT

Program Activity check one :() Basketball () Cheerleader

Child's Name _____ Age ____ Date of Birth _____

Street Address _____

City/State _____ Zip _____

Father's Name _____ Primary No. _____

Mother's Name _____ Primary No. _____

In case of an emergency call _____ Phone No. _____

Please list any medical conditions _____

E-Mail: _____ Primary Cell _____

JERSEY SIZE: TOP _____ BOTTOM _____ (Please indicate youth or adult size)

WAIVER OF LIABILITY

I/We consent for my child (name) _____ to participate in the (name of activity) _____ as a recreational activity under the Southwest Atlanta Community Development Corporation/Tigers Sports Program. I understand that all athletic and recreational activities involve some risk of accident or injury. In the event of an injury to my child, I agree to hold harmless SW Atlanta Community Development Corporation /SW Tigers Sports Program and/or the Fulton County Board of Education and any other associated events or leagues we take part in. Therefore youth participation is at his or her risk. I also authorize SW Tigers Sports Program on my behalf to obtain medical care or treatment deemed necessary. In the event of more serious injury, which may or may not require emergency treatment, I authorize such personnel to see that my child is transported and treated at the nearest medical facility at my expense or through medical coverage.

I further agree to allow my child's likeness to appear in materials promoting SW Atlanta Community Development Corporation or by SW Tigers Sports, including but not limited to the SW Atlanta Community Development Corporation Website. Yes ___ No ___

Refund Policy:

1. \$25.00 registration fee is non-refundable

2. No refund of after actively starting program practice activities and or participating in league play.

I have read, understand, and agree to adhere to the SW Atlanta C.D.C. Tigers/Tigeretts Sports Program Liability Waiver and refund policies stated above.

Parent's/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY - DO NO WRITE BELOW THIS LINE - *Make check payable to Sw. Atlanta CDC*

Registration and program activity fee: check # _____ cash _____ Date _____ Receipt # _____