



Bring to Registration
or Mail to:
3910 Canton Road
Marietta, GA 30066

OFFICE USE ONLY:

CLINIC/CAMP _____
CAMP DATES _____ **PAYMENT DATE** _____
PAYMENT: ___ **PAYPAL** **CK#** _____ **OTHER** _____
REGISTRATION: ___ **MAIL** ___ **ONLINE** **STAFF INITIAL** _____

Waiver Form

PARTICIPANT'S INFORMATION (PLEASE DO NOT LEAVE YELLOW HIGHLIGHTED AREAS EMPTY.)

NAME _____	HOME PHONE _____
ADDRESS _____	MAIN EMAIL _____
CITY, STATE, ZIP _____	Email will be used for all contact. Will not be shared.
DATE OF BIRTH _____ GENDER: M F	MEDICAL CONDITIONS/ALLERGIES _____
SCHOOL _____ GRADE _____	_____
HEIGHT _____ WEIGHT _____	T-SHIRT SIZE : YM YL AS AM AL AXL
INSURANCE COMPANY _____	POLICY NUMBER _____

LEGAL GUARDIAN INFORMATION (CONTACT INFORMATION FOR EMERGENCY)

MOTHER _____	FATHER _____
HOME PHONE _____ CELL _____	HOME PHONE _____ CELL _____
WORK PHONE _____	WORK PHONE _____

MEDICAL TREATMENT AUTHORIZATION

I authorize the All-Tournament Players Park coaches, staff or designated representatives to obtain emergency medical treatment for the above named participant in the case that I am unable to do so myself.

Parent/Guardian **Signature** _____ **Date** _____

MEDIA RELEASE

I authorize All-Tournament Players Park & Basketball Dreams to reproduce and/or publish pictures, video, or any likeness of my child and give permission for their name to be used for any news or promotional purposes by All-Tournament Players Park.

Parent/Guardian **Signature** _____ **Date** _____

WAIVER

Please read this form carefully and be aware that in registering your minor child/ward for participation in the above program/programs/camp, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of the above program/programs/camp.

When signing below I certify that the information on this form is true and correct and I, the parent/guardian of the above named minor, consent that he/she be permitted to participate in this program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity which my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against All-Tournament Players Park and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge All-Tournament Players Park and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which my child/ward may have or which may accrue to me or my child/ward on account of the participation of my child/ward in any of the above programs(s). I further agree to indemnify and hold harmless and defend All-Tournament Players Park and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s) including transportation services/vehicle operation, when provided. I HAVE READ AND FULLY UNDERSTAND RISK AND WAIVER AND RELEASE OF ALL CLAIMS. IF REGISTERING ON-LINE OR VIA FAX, MY ON-LINE OR FACSIMILIE SIGNATURE SHALL SUBSTITUTE FOR AND HAVE THE SAME LEGAL EFFECT AS AN ORIGINAL FORM SIGNATURE.

Parent/Guardian **Signature** _____ **Date** _____

PAYMENT: _____ **CHECK ENCLOSED FOR AMOUNT \$** _____
 Payment must be made with registration. _____ **ON-LINE PAYPAL PAYMENT MADE**