



Georgia Thoroughbreds ATHLETICS REGISTRATION FORM

Check Appropriate Box:

<input type="checkbox"/> Track and Field	<input type="checkbox"/> Football
<input type="checkbox"/> Basketball	<input type="checkbox"/> Camps
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Softball
<input type="checkbox"/> Flag Football	<input type="checkbox"/> Soccer

Child's Name: Last: _____ First: _____ M.I. _____

Address: Street/Apt: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ **Gender (Circle One):** Male or Female **Age:** _____

Date of Birth: _____ **School:** _____ **Grade:** _____

Mother/Guardian's Name: _____ **Work #:** _____

Father/Guardian's Name: _____ **Work #:** _____

of Seasons Played: _____ Last Year's Team/Coach: _____

Youth Uniform Size: Shirt (Circle One): Sm Med Lg Pants/Skirt (Circle One): Sm Med Lg

Adult Uniform Size: Shirt (Circle One): Sm Med Lg Pants/Skirt (Circle One): Sm Med Lg

Shoe Size: _____

Email Address: _____

MEDICAL INFORMATION

Please state any physical problems that we should be aware of, such as **asthma, diabetes, epilepsy**, etc. and any medications your child is currently taking:

Is your child allergic to any medications? Yes or No (Circle One) If yes, please list all medications:

Emergency Contact: _____ **Telephone #:** _____

I give my child _____, permission to participate in the
aforementioned sport sponsored by the Georgia Thoroughbreds Athletic Association.

Parent/Guardian's Signature: _____ **Date:** _____



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RELEASE FOR MEDICAL TREATMENT

The following is a release for medical treatment for your child. This form gives the Georgia Thoroughbreds Athletic Association permission to seek medical treatment for your child if he/she is injured and you cannot be contacted. However, the staff, or designated person(s), the doctor's office, and the hospital staff (if necessary) will make every conceivable attempt to contact you.

I, _____ authorize the Georgia Thoroughbreds staff to seek
Print Parent's/Guardian's Name
medical treatment for my child, _____ in the event that I cannot be
Print Child's Name
reached, or the situation requires immediate attention.

Parent/Guardian's Signature: _____ Date: _____

Home #: _____ Work #: _____ Cell/Pager #: _____

Doctor's Name: _____ Office #: _____

Primary Insurance Co: _____ / Policy No: _____

REGISTRATION AGREEMENT

**** Registration Fees:** All fees must be paid in full at time of registration.

**** Refunds:** *There will be no refunds given.*

**** Returned Checks:** Returned checks will be assessed a \$35.00 administration fee.

I do hereby understand the terms of enrollment for my child and assume all risk and hazards/incidents to such participation, including transportation to/from said activities. I waive, release, absolve, indemnify, and agree to hold harmless the Georgia Thoroughbreds Athletic Association and affiliated associations, leagues, the organizers, supervisors, sponsors, officers, directors, coaches, participants, and persons transporting, participants to/from such activities from any claim rising out of injury.

Parent/Guardian's Signature: _____ Date: _____

FOR STAFF USE ONLY:

Amount Paid: \$ _____

Method of Payment (Circle One): Cash Visa MasterCard American Express Check _____(No.)

Copy of Birth Certificate on File (Circle One): Yes or No Picture on File (Circle One): Yes or No



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Child's Name: Last: _____ First: _____ M.I. _____

Address: Street/Apt: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ **Gender (Circle One):** Male or Female **Age:** _____

Date of Birth: _____ **School and current grade:** _____

I affirm the above information is true and correct. If necessary, I give permission for a representative of the Georgia Thoroughbreds Athletic Association to obtain supporting documentation needed to confirm the age of my child.

Mother/Guardian's Name: _____ **Work #:** _____

Father/Guardian's Name: _____ **Work #:** _____

Affix Photo Here