

SUWANEE SPORTS ACADEMY

EMPOWERING THE WHOLE PLAYER

PROGRAM REGISTRATION & RELEASE FORM

Program: _____

Participant's Name: _____ Male Female

Birth Date: _____ Grade: _____ School Attending: _____

Street Address: _____

City/State/Zip: _____

Parent's Email Address: _____

Family Info:	Last Name	First Name	Gender
Primary Contact	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone	h_____	w_____	c_____
Secondary Contact	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone	h_____	w_____	c_____
Child-additional	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child-additional	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>

Emergency Contact:
Name: _____ Phone: _____

Payment Method: Cash Check #_____ Visa MasterCard Discover

Make checks payable to **Suwanee Sports Academy.**

Amount: \$_____ If paying by credit card, please fill out the following:

Card Number _____

Expiration Date _____ CSC 3 digit #! _____

Signature _____

Parental Release & Refund Policy --- Please Read Carefully

I hereby give approval for the participation of my child in any and all Suwanee Sports Academy and/or Peak Performance activities and assume all risks, hazards and incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the SSA, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for SSA to obtain medical services for my child in case of medical emergency or injury. Refunds requested before the program starts will be honored with a \$25 processing fee deducted. No refunds will be issued due to inability or unwillingness to attend/participate. Prorated refunds will only be considered for players when a medical/physical injury/illness, verified by a physician's written statement, precludes participation or attendance in class/practice. I/We understand that NO REFUNDS will be issued other than stated above. I declare that my child or I are physically fit and have the skill level required to participate in this particular event. I also understand that my child or I may be required to leave the facility should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Signature: _____ **Date:** _____
Parent or Guardian

*Please fax or mail this form to Suwanee Sports Academy
P.O. Box 2929 • 3640 Burnette Road • Suwanee, GA 30024
770-614-6686 • Fax: 770-614-6993*