

GYBA Team Registration Form
2020-21

Event Name: _____ Event Date: _____

Team Name: _____ Team Age Group: _____

Team Contact Name: _____ Team Contact Phone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Contact Email: _____

Head Coach Name: _____ Cell Phone #: _____

Head Coach Email: _____

Assistant Coach Name: _____ Cell Phone #: _____

Assistant Coach Email: _____

Payment Method:

Visa ☐

MasterCard ☐

Discover

Deposit Amount: \$150

Due by: 10/15

Card Number: _____ Check # _____

Amount Paid: \$ _____

Expiration Date: _____ CSC 3 digit #: _____

Final Payment: \$ _____

Signature: _____

The card listed above may be used within the first 5 days of each month for the monthly payments or any other outstanding payments that become more than 30 days past due as long as the athlete listed on this contract remains enrolled in the program. I hereby certify that I have read and understand all information related to the Suwanee Sports Academy's program and wish to enroll the athlete listed on this form. If at any point any payments become past due, the outstanding payment will be charged to the credit card number on file. If a balance is not paid within 30 days of it's original due date, the athlete is subject to dismissal from the program without any refund to prior monies paid. This contract is not officially executed until it is submitted with payment of all applicable payments due at that time and receives final approval and acceptance into the program.

Parental Release & Refund Policy --- Please Read Carefully

I hereby give approval for the participation of my child in any and all Suwanee Sports Academy/Performance Training activities and assume all risks and hazards incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the Suwanee Sports Academy/Performance Training, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for Suwanee Sports Academy/Performance Training to obtain medical services for my child in case of medical emergency or injury. I declare that my child is 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:** _____

Coach

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

GYBA Team Roster

2020-21

Team Name		Boys/ Girls	
Division		Head Coach	

[illegible]

Signature of Team Representative: _____

Date: _____

2020 GYBA Individual Registration Form

Team Name: _____ Division: _____
 Participant's Name: _____ Date of Birth: _____
 Current School Attending: _____ Grade: _____ Boy: _____ Girl: _____
 Street Address: _____ Apt #: _____
 City/State/Zip: _____ Parent's Name: _____
 Parent's Email Address: _____

Contact Information:	First Name	Last Name	Relationship
Primary Contact			
Phone	W:	C:	H:
Secondary Contact			
Phone	W:	C:	H:

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ACKNOWLEDGMENT OF RISK

I hereby acknowledge and agree that participation in membership activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with membership participation, including but in no way limited to (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with membership participation and that said list in no way limits the operation of this Agreement.

CORONAVIRUS/COVID-19 WARNING & DISCLAIMER

Coronavirus, or COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in any Suwanee Sports Academy (SSA) program, or accessing, the SSA facility could increase the risk of contracting COVID-19. SSA in no way warrants that COVID-19 infection will not occur through participation in the facility.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE

In consideration of my participation in SSA activities, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE ACS Athletics dba Suwanee Sports Academy, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against SSA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of SSA facilities/equipment or participation in SSA whether that participation is supervised or unsupervised, however, the injury or damage occurs, including, but not limited to the negligence of Releasees. In consideration of my participation in membership, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my membership participation. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in membership participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in membership and that by signing this agreement Parent or Guardian I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in membership.

Signature: _____ Date: _____

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