



5660 Buford Hwy, Doraville GA 30340 Tel. 770-455-0641

PLAYER REGISTRATION AND WAIVER

(Use this form if you are registering for specific team)

Age Group/Division: _____ Team Name: _____

Player Name: _____ Last Name: _____

Male Female Date of Birth: _____

Address: _____ City: _____

Zip Code: _____ State: _____

Phone Number: _____ email: _____

SPORT YOU WANT TO PLAY: _____

Division You Want To Play: _____

Parent's Name (if player is under 18 yrs): _____

All users of Atlanta Eagles Sports Center must agree to the following waiver. Minors must have the waiver signed by his or her parent or legal guardian.

Waiver/Exclusion Clause

I, the undersigned parent, guardian, or participant of legal age understands that participation in any Atlanta Eagles Sports Center program or any use of Atlanta Eagles Sports Center facilities is done at the participant's own risk. Atlanta Eagles Sports Center, its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and family on the premises. Participants, parents, and guardians assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and do hereby fully and forever release, discharge and hold harmless Atlanta Eagles Sports Center, and any associated facility and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, participant agrees to follow the rules of play and conduct set by Atlanta Eagles Sports Center. Participant and parent or guardian understands that failure to do so may result in suspension from participation. I, the undersigned parent, guardian, or participants of legal age do hereby grant authority to the staff of Atlanta Eagles Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Atlanta Eagles Sports Center and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

I agree to the terms and conditions of the Atlanta Eagles Sports Center Waiver

Signature: _____