

Garner Athletic Association
Player Registration Form



Participant's Information

Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home Number _____ Cell _____ Email _____
Date of Birth _____ / _____ / _____ Height _____ Weight _____
Month Day Year Inches LBS
Apparel Size Shirt _____ Pants _____ Shoes _____ Socks _____
Circle Adult or Youth Adult or Youth Adult or Youth Adult or Youth
School Attending (Current) _____ Grade (Current) _____

Medical Information

Physician's Name _____ Phone Number _____
Insurance Provider _____ Policy# _____ Physical Date _____

Parent/Guardian Information

Name(1) _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Number _____ Cell _____ Work # _____
Email _____
Name(2) _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Number _____ Cell _____ Work # _____
Email _____

Emergency Information

Name _____ Relationship _____
Home Number _____ Cell _____ Work _____

Waiver for Participation

I hereby release the Garner Athletic Association from responsibility for injuries (physical or otherwise) incurred during the program activities.

Participant's Name _____
Parent/Guardian's Name _____

Authorization for Medical Treatment

In the event of injury to _____ requiring medical treatment and a parent or guardian is not attendance, I hereby authorize Coaches or Representatives of Garner Athletic Association to provide necessary medical treatment.

Parent/Guardian's Signature _____