



## Registration Form

*Please Print.*

Team Name \_\_\_\_\_ Sport \_\_\_\_\_

Age Group \_\_\_\_\_ Gender \_\_\_\_\_ Session \_\_\_\_\_

Contact's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_

Email Address \_\_\_\_\_@\_\_\_\_\_

How did you hear about The Sports Academy?

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission and certify that my child is in good health and able to participate in all The Sports Academy activities. I release coaches, staff, and all others associated with The Sports Academy activities of all Liability for any injury or illness incurred by my child at The Sports Academy activities.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Please Make Checks payable to "The Sports Academy".***