



The Sports Academy

thesportsacademyonline.com

Registration Form

Please Print.

Player's Name _____

Activity Participating in _____

Age _____ Birth date ____ / ____ / ____ Boy / Girl

Parent's Name _____

Address _____

City, State, Zip _____

Home Phone () _____

Cell Phone () _____

Emergency Phone Number () _____

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.

Parents Signature: _____ **Date:** _____

Please Make Checks payable to "The Sports Academy".