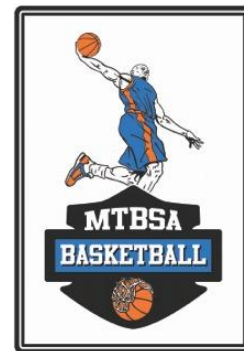


Marks Tutoring & Basketball Training Academy (MTBSA)
PO Box 273
Red Oak, GA 30272
PH: 678.733.7626
EMAIL: coachmd@mtbsa.net
www.mtbsa.net



MTBSA YOUTH RECREATION LEAGUE REGISTRATION FORM

Participant Information

Participant's Name: _____
First Middle Last

Address: _____ City: _____

State: _____ Zip Code: _____

Participant's DOB: ____/____/____ Gender: F__ M__

** A copy of Participant's Birth Certificate must be turned in with this form.*

T-Shirt Size (circle one): Youth: S M L

Parent/Guardian Name(s): _____

Phone Number(s): _____ Email: _____

Emergency Contact Person(s) other than Parent/Guardian:

Name: _____ Phone Number: _____

Are you or do you know anyone interested in coaching? Yes--__ No__ If so, please provide the information below:

Name(s): _____

Phone Number: _____ Email: _____

MEDICAL RELEASE AUTHORIZATION AND CONSENT FOR TREATMENT OF CHILD

As parent or legal guardian of _____, I hereby authorize and give my consent for any medical emergency treatment for my daughter or child I am guardian of (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event that I cannot be contacted, I give the authorized MTBSA representative and/or event supervisor the authorization to act on my behalf should a medical emergency arise while participating in a MTBSA event or activity.

LIABILITY WAIVER

WAIVER: I, for myself, and/or as a parent, guardian, or user, hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify MTBSA, employees of MTBSA, volunteers, contractors, and/or sponsors, from all risks and hazards associated with the activities and in the event of an inquiry, do expressly waive all claims against them. I understand that no insurance coverage is provided by MTBSA unless otherwise stated

Parent/Guardian Signature _____

Date _____