



MT B-Ball Skillz Academy (**MTBSA**)

PO Box 273

Red Oak, GA 30272

PH: 678.733.7626

Email: [info@mtbsa.net](mailto:info@mtbsa.net)

Website: [www.mtbsa.net](http://www.mtbsa.net)

## MTBSA YOUTH RECREATION LEAGUE REGISTRATION FORM

**Participant Information:** Participant Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Participant DOB: \_\_\_\_\_ List any Medical Conditions: \_\_\_\_\_

Has the child played basketball before: ☐ Y ☐ N If yes, # of Years \_\_\_\_\_ Type: ☐ Rec ☐ School ☐ AAU ☐ Other

Uniform Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL

**Parent Information:** Parent/Guardian Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Emergency Contact:** Parent/Guardian Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Medical Release Authorization & Consent of Child

As parent or legal guardian of \_\_\_\_\_, I hereby authorize and give my consent for any medical emergency treatment for my child (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.

### Libaility Waiver

The undersigned Parent/Guardian states and agrees as follows:

- 1.) The undersigned agrees that player voluntarily participates in playing basketball and assumes all risks associated with such play.
- 2.) The undersigned acknowledges that there are risks and hazards in playing basketball including, but not limited to, those caused by court conditions, playing conditions, equipment and other participants, in addition to the acts of dribbling, passing, shooting, and dunking a basketball, running, jumping, stretching, sliding, diving and collisions with other players, spectators, or stationary objects, any of which may cause death or serious injury to the player.
- 3.) In consideration of Fulton Leadership Academy allowing play on the courts owned, operated, or used by the Fulton Leadership Academy, I AGREE TO INDEMNIFY AND HOLD HARMLESS AND RELEASE the Fulton Leadership Academy and their officials, employees, agents and assigns from any and all claims, demands, lawsuits, costs and attorney's fees arising out of playing MTBSA's program listed above.  
This release and Indemnification shall be effective and bind any and all heirs, dependents, executors, and assignees.
- 4.) I ACKNOWLEDGE THAT I HAVE THE RIGHT AND OBLIGATION TO INSPECT the Court and areas surrounding prior to each game and agree to play in the "as is" condition. If I find the court is not safe, I have the right to choose not to play.
- 5.) I acknowledge that I have read the foregoing instrument and understand its terms and agree to abide by its terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_