

VOICES OF FAITH MINISTRIES
ATHLETICS REGISTRATION FORM
2500 Rockbridge Road, Stone Mountain, GA 30087

Please Circle One

Football

Cheerleading

Co-ed Softball

Basketball

Step Team

Volleyball

Track

Baseball

Little Dribblers

Soccer

Bowling

Check Appropriate Box:

Child's Name: Last: _____ First: _____ M.I.: _____

Address: Street/Apt. _____ City: _____ State: _____ Zip: _____

Gender (circle one): Male or Female Age: _____ Date of Birth: _____

School: _____ Grade: _____

Phone # (home) _____ (work) _____ (cell) _____

E-Mail Address: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

(Cheerleaders do not complete Size Section on this form)

Youth Uniform Size: Shirt (circle one): Xs Sm Med Lg Pants/Skirt (circle one): Xs Sm Med Lg

Adult Uniform Size: Shirt (circle one): Sm Med Lg Pants/Skirt (circle one): Sm Med Lg

Physician's Telephone #: _____

If an emergency arises and the parents' cannot be reached, list two people who can be notified:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone#: _____

Does the athlete have any allergies? _____ Yes _____ No

Please list them: _____

Is the athlete on any medication? ___ Yes ___ No Please list them: _____

DATA PRIVACY ACT

In accordance with the Georgia Government Data Act, Voices of Faith hereby informs you that the personal information requested of you and /or your players on the roster form is considered private. You may choose to withhold this data, however, Voices of Faith may not be able to complete your registration and /or provide you with updated program information such as schedules, revisions, or standings.

**Voices of Faith Athletic Ministry League
Waiver of Liability**

(PLEASE PRINT OR TYPE)

Date _____

Name _____ DOB _____

Signature _____ Age Group _____ (Adult, Youth)

WAIVER OF LIABILITY

This agreement officially excludes Voices of Faith Athletic Ministry and all subsidiaries of Voices of Faith Ministries, or any and all liabilities resulting from any accidents or injuries resulting from you and/or your child's participation in any event itself and travel to and from any athletic events.

Furthermore, it is understood that any medical expense incurred due to any Voices of Faith athletic event is the sole responsibility of the participant in the event. This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in the athletic event.

It is also understood that no legal action will be brought against Voices of Faith Athletic Ministry or any subsidiaries or authorized personnel by you or your child because of any matter related directly to you or your child's participation in any practice session, basketball game or athletic event held at Voices of Faith Ministries.

Participant Signature

Parent or Guardian Signature

(if child is a participant, ages 5-18)

Other Authorized Signature

Athletic Director

EMERGENCY MEDICAL RELEASE

I _____ do hereby give consent for the medical treatment of myself or my child by a qualified person in case of emergency. I understand that I will be notified as soon as possible should the need for medical treatment arise. I also understand that this includes medical treatment deemed necessary by a qualified person for either injury or illness. I also understand that the purpose of this release is to speed up any treatment that may be needed and does not supersede my right to be informed as soon as I can be contacted should my child need medical treatment.

Participant Signature