



## Cobb Sports Camp and Clinic Registration Form

### Camp Details

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### Player Details

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Parent(s)/Guardian \_\_\_\_\_

Phones: Home (     ) \_\_\_\_\_ Cell (     ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (     ) \_\_\_\_\_

List any medical situations involving player (I.E. allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Waiver

In consideration of Cobb Sports Complex, Inc. of allowing my child to attend, I [we], individually and as Legal guardian(s) (and/or) parent(s) of the above listed player (my child), do hereby release, discharge, indemnify and hold harmless Cobb Sports Complex Inc., and its owners, directors, officers, employees, agents, successors, and assigns from and against, and waive any and all claims or liabilities from any injuries, losses, or damages including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in Cobb Sport's program whether caused in whole or in part, by the negligent act(s) or omission(s) of its owners, directors, employees or agents. I hereby authorize the staff of Cobb Sports Complex, Inc. to act for me according to their best judgment, in any medical emergency for my child.

\_\_\_\_\_

Signature Parent/Legal Guardian

\_\_\_\_\_

Date

Call us to reserve a position for our athlete: 770-419-9175

Mail or FAX your Registration form to: Cobb Sports Complex, Inc., 1030-A Industrial Park Drive  
Marietta, GA 30062

FAX: 770-419-9176

**Payment must be received 4 days prior to the event in order to maintain the reservation. Unpaid reservations will be filled from our waiting list inside the 4 day window.**

For internal use only: Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Method \_\_\_\_\_