



Garner Athletic Association  
Player Registration Form

Participant's Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Month Day Year Inches LBS

School Attending (Current) \_\_\_\_\_ Grade (Current) \_\_\_\_\_

Medical Information

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Physical Date \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Waiver for Participation

I hereby release the Garner Athletic Association from responsibility for injuries (physical or otherwise) incurred during the program activities.

Participant's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

Authorization for Medical Treatment

In the event of injury to \_\_\_\_\_ requiring medical treatment and a parent or guardian  
(Player's Name)

is not attendance, I hereby authorize Coaches or Representatives of Garner Athletic Association to provide necessary medical treatment.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

