

FUTURE & LADY STARS SUMMER LEAGUE

Presented by:

Eddie Lee Wilkins Youth Association, Inc.

POST OFFICE BOX 722 CARTERSVILLE, GEORGIA 30120

770- 899-4821 (phone) / 770- 436-9122 (fax)/ info@elwyouth.org (e-mail)

PARTICIPATION WAIVER FORM

Fee: \$40.00 (Bartow County residents) \$55.00 (Non-residents)

NAME (print) _____ TEAM _____
SCHOOL _____
AGE _____ BIRTHDATE _____ HT _____ WT _____
RACE _____ SEX _____
ADDRESS _____
_____ STREET _____ CITY _____ STATE _____
ZIP CODE _____
HOME PHONE _____ (day)
_____ (evening)
FAX _____ E-MAIL _____

Do you have any Medical problem- such as illness, physical disability, or deformity, etc. _____
If yes, explain: _____

-----*Parents Read Carefully & Sign*-----

Parent (Guardian)

Name: _____ Occupation _____
Work _____ *Cell* _____

I, the parent (guardian) of above named individual, hereby give my permission for his/her participation in the Eddie Lee Wilkins Youth Association, Inc. sponsored "Future Stars and Lady Stars: Summer League" and all related activities. I assume all risks and hazards inherent and incidental to the conduct of the activities. I also hereby release, absolve, indemnify, waive all claims and hold harmless the Eddie Lee Wilkins Youth Association, Inc., the Organizers, Supervisors, Employees, Volunteers and any Sponsors and Facility Providers, including but not limited to the Etowah Area Consolidated Housing Authority, Inc., Bartow County Board of Education, Bartow County Government, Cartersville City School Board, City of Cartersville Government, Smyrna Community Center, City of Smyrna Government, Colonial Hills School, and Douglas County Government. I also release from responsibility any person transporting above named individual to or from the doctor or hospital in case of an injury. All above holds true as long as above named individual participates in the Eddie Lee Wilkins Youth Association, Inc. sponsored program or related activity. I also understand the cost to participate in the Future Stars or Lady Stars Basketball League is \$40.00 for Bartow County residents and \$55.00 for non-residents and fee is due upon initial sign up of above named.

Doctor _____
Phone _____
Insurance _____

Policy

If I cannot be reached in the event of accidental injury to above named individual, I give the Supervisor, being defined as individual in charge of activities on any given date, permission to have First Aid and/or treatment begun at the nearest Medical Facility.

Parent _____ signature _____
Date _____

DO NOT WRITE IN BOX BELOW

APPROVAL FOR PARTICIPATION

The above named has been approved for participation in the Future Stars & Lady Stars Summer Basketball League, with the understanding that above named is required to participate in on-site Social Intervention seminars, as well as life skills and motivational sessions.

Signed _____

Date _____

Eddie Lee Wilkins Youth Association, Inc. Supervisor

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