



Athletic Participation Form

Name or Participant _____ Gender: Male or Female

Date of Birth _____ Grade: _____

Mailing Address: _____

Parent/Guardian Information:

Name: _____ Relationship: _____ Cell #: _____

Work #: _____ Email: _____

Name: _____ Relationship: _____ Cell #: _____

Work #: _____ Email: _____

Liability Waiver:

I hereby request that the above participant be accepted for participation in the above athletic organization. I agree to assume the responsibility for any accident or injury while the participant is engaged in the organization or its products, and do hereby release and absolve E33 Sports & Development, North Cobb Christian, and/or their trainers, volunteers, supervisors, or sponsors from any or all claims from such accident or injury. I also agree to abide by all rules and regulations established by E33 Sports & Development , & St. Catherine’s Catholic Church.

Signature: _____ Date: _____

Please deliver signed form with appropriate fee to:
E33 Sports & Development personnel
via email to:
eryk@e33sports.com