



Registration

DATE: _____

PLEASE PRINT CLEARLY

Team Name:	
Team Age Division:	Gender (Circle One): Boys or Girls
Coach Name	Coach Phone #:
Assistant Coach Name:	Assistant Coach Phone #:
Hometown (City, State):	Email:
E-Mail Address:	

Sport (Select One):

- Basketball (\$150/Team) Baseball (\$200/Team) Swimming (\$15/Athlete)
- Girls Basketball (\$150/Team) Track & Field (\$15/Athlete) Football 7v7 (\$150/Team)
- Volleyball (\$150/Team) Softball (\$150/Team)

By signing this document, I hereby certify that all the information above is correct to the best of my knowledge.

PLEASE PRINT CLEARLY

Print Name	Date
Signature	

Teams/Individuals may pay registration fees via:

Cashapp - \$Courageousinc

or

Paypal – Courageousweb@gmail.com



Courageous Games Roster and Waiver

****Please Read Before Signing****

By signing the roster, I give permission for my child to participate in any event sponsored by Courageous Inc. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever; furthermore, I agree to release, indemnify, and hold harmless Courageous Inc. and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/ her participation in the program. I give my consent for my child to be photographed and/or videotaped while he/she is a member in a Courageous Inc. program. I further consent that the pictures/videotapes/DVDs may be used to publicize, promote, and record the activities of the event(s) now and in the future.

Team Name:	Coach Name:
Grade Division:	Coach Phone Number

#	Player Name	Grade	Birthdate	**Parents Signature**
1				
2				
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4				
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