



**Game Changer Elite After School Basketball Program
Registration and Waiver Form**

Contact Information

Parent/Guardian INFORMATION

Name: _____
Street: _____ City/State/ _____
ZIP: _____
Cell Phone: _____

Email [Print]: _____
Emergency Contact Name and Cell Phone: _____

#1. Child

Name: _____
DOB: _____ Age: _____
Parent or Guardian: _____
City/ZIP: _____ Street: _____
_____ Cell Phone: _____ Home
Phone: _____
Email: _____ Emergency
Contact: _____ Known Allergies/ Medications:

#2. Child

Name: _____
DOB: _____ Age: _____
Parent or Guardian: _____
City/ZIP: _____ Street: _____
_____ Cell Phone: _____ Home
Phone: _____
Email: _____ Emergency
Contact: _____ Known Allergies/ Medications:

#3. Child

Name: _____
DOB: _____ Age: _____
Parent or Guardian: _____
City/ZIP: _____ Street: _____
_____ Cell Phone: _____ Home
Phone: _____
Email: _____ Emergency
Contact: _____ Known Allergies/ Medications:



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I/we opt in to receive Game Changer Elite communication ☐ Initial _____

Media Release

I, _____, grant permission to **Game Changer Elite LLC**, hereinafter known as the "Media" to use clinic, individual session, event images (photographs and/or video) for use in Media publications including:

(Check All That Apply)

☐- Videos ☐- Email Blasts ☐- Recruiting Brochures ☐- Newsletters ☐- Magazines ☐- General Publications ☐- Website and/or Affiliates ☐- Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Parent/Guardian Signature _____ Date _____

Waiver and Release of Liability

I hereby voluntarily permit me or my child to participate. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ (Initial Here) As consideration for being permitted to participate in these activities, I hereby release and hold harmless Game Changer Elite LLC providing services at 7680 The Bluffs, Austell, GA 30168, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I, participant or my child now or hereafter have for damage or injury to me, participant or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me, participant or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Game Changer Elite LLC (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I, participant or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Game Changer Elite LLC Staff, Trainers and Volunteers to order treatment for me Game Changer Elite LLC Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which the participant, my child or I may incur as a result of such treatment. Game Changer Elite also does not provide any medical or other insurance protection or benefits for those who participate in any Game Change Elite after school basketball programs, clinics, individual sessions and tournaments. Furthermore, due to the nature of community spread, those affected by Covid-19 cannot identify where the contact came from. Game Changer Elite LLC is not liable for any illness spread. Game Changer Elite LLC is doing our best to follow CDC guidelines to our best ability.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND GAME CHANGER ELITE AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian signature: _____

Date: _____

*****How did you hear about us?*****

☐ Radio Ad ☐ Park Event ☐ Referral ☐ Seeds of Excellence ☐ Flyer ☐ Meet GCE Team
Game Changer Elite LLC