



2020 SPRING BASKETBALL LEAGUE TEAM REGISTRATION FORM

Team Entry Fee: \$550.00
(\$100.00 non-refundable deposit to reserve spot)

Dates: 8 weeks
Sundays: March 15th - May 3rd
4PM-8PM

Mandatory Coaches' Meeting Prior to 1st Game
All forms and balance must be turned in at that time.

Division: ☐ High School Boys ☐ High School Girls
☐ 7/8th Grade Boys ☐ 7/8th Grade Girls
☐ 5/6th Grade Boys

Team Name: _____

Coach: _____

Telephone Number: _____

E-Mail Address: _____

Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount of Payment: \$ _____ Balance: \$ _____

Method of Payment • Cash • Check*** • Visa • MasterCard
***SSA will only accept 1 check for the full amount per team.

Credit Card # _____ Exp. Date _____ CSC # _____

- ★ To register, complete and return the Team Registration Form with deposit or full amount. Balance and team registration packet (including Individual Registrations/Release for each team member and Team Roster) are due at prior to first game. **No exceptions.**
- ★ Players must have High School eligibility to participate.
- ★ If you have any questions please contact Daniel Paccione @ 770-614-6686 x 122.

SUWANEE
SPORTS ACADEMY
EMPOWERING THE WHOLE PLAYER

Program: 2020 SPRING BASKETBALL LEAGUE - INDIVIDUAL REGISTRATION FORM

Team: _____ Division: _____

Participant's Name: _____ Male ☐ Female ☐

Birth Date: _____ Grade: _____ School Attending: _____

Street Address: _____

City/State/Zip: _____

Parent's Email Address: _____

Family Info:

	Last Name	First Name	Gender
Primary Contact	_____	_____	M/F
Phone	h_____	w_____	c_____
Secondary Contact	_____	_____	M/F
Phone	h_____	w_____	c_____
Child-additional	_____	_____	M/F
Child-additional	_____	_____	M/F

Emergency Contact:

Name: _____ Phone: _____

Payment Method: Cash ☐ Visa ☐ MasterCard ☐

Amount: \$ _____

If paying by either Visa or MasterCard, please fill out the following:

Card Number _____

Expiration Date _____

Signature _____

Parental Release & Refund Policy --- Please Read Carefully

I hereby give approval for the participation of my child in any and all Suwanee Sports Academy activities and assume all risks, hazards and incidents to such participation, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the SSA, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for SSA to obtain medical services for my child in case of medical emergency or injury. Refunds requested before the program starts will be honored with a \$25 processing fee deducted. No refunds will be issued due to inability or unwillingness to attend/participate. Prorated refunds will only be considered for players when a medical/physical injury/illness, verified by a physician's written statement, precludes participation or attendance in class/practice. I/We understand that NO REFUNDS will be issued other than stated above. I declare that my child or I are physically fit and have the skill level required to participate in this particular event. I also understand that my child or I may be required to leave the facility should my child or I exhibit undesirable conduct. I further grant released parties the right to photograph and/or video tape me or my child and further to use my or my child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties are, however, under no obligation to exercise said rights herein granted.

Signature: _____ Date: _____

Parent or Guardian



2020 SPRING BASKETBALL LEAGUE
Roster Sheet

Team Name: _____ Division: _____

Head Coach: _____

	Player Name	Birthdate	Age	Grade
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Signature of Team Representative:

Date: ____/____/____