Download and complete form and bring it with you on Tryout Day. Thanks

Tryout # _____

Campbell Junior Basketball Registration Form

Contact Information

Players Name: _____

Grade: _____ Age: _____ Birth Date: _____

School: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Players Cell: _____ Players Email: _____

Mother's Name: _____ Cell: _____Email: _____

Father's Name: _____ Cell: _____Email: _____

Release For Medical Treatment

Name to be notified in case of emergency: _____ Phone_____

Physical concerns staff should be aware of: _____

I hereby authorize medical treatment for: _____
Name of Child

Photo and Media Release

☐I DO NOT grant permission for Campbell Junior Basketball to use my athlete's image during games, practices, tournaments, team activities, and special events.

Please Read and Sign the Following Statement: I understand and acknowledge that participation in youth basketball involves inherent risks of injury, including serious injury, illness, permanent disability, or death. In consideration of my child's participation in the Campbell Junior Basketball Program, I voluntarily assume all risks associated with participation and hereby release, waive, and hold harmless **Cobb County**, **Cobb County Schools**, the **Campbell Junior Basketball Program**, its coaches, volunteers, directors, employees, and agents, as well as the **City of Smyrna**, its directors, employees, and agents, from any and all claims, liabilities, damages, or causes of action arising from injuries, illnesses, or damages sustained while participating in or attending basketball practices, games, camps, clinics, tournaments, or other program-related activities, except as otherwise provided by applicable law. I certify that my child is physically able to participate in all program activities and is in good health to do so. I further understand and agree that, in the event my child requires emergency medical treatment, I authorize appropriate medical care to be provided and accept full financial responsibility for any medical expenses incurred. By signing below, I acknowledge that I have read, understand, and voluntarily agree to the terms of this Acknowledgment and Release of Liability.

Date: _____ Signature of Parent: _____

Revised 07/09/26