

# Atlanta Celtics Registration Form

**\*\*\* Please type or print information clearly. Return your completed registration form, a copy of your son's birth certificate, a current photo and your certified check or money order for \$280(made payable to the Atlanta Celtics, Inc.) \*\*\***

I am entering my child into the 9U, 10U, 11U, 12U, 13U, 14U, 15U, 16U, or 17U Age Division.

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth-Date \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
Shoe Size \_\_\_\_\_ Uniform Size: Adult or Youth S M L XL XXL or XXXL  
Parent/Guardian Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Home # \_\_\_\_\_ Work # \_\_\_\_\_  
Cell # \_\_\_\_\_ E-mail \_\_\_\_\_  
Physical Restrictions/Disabilities \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Physicians Phone # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Did your child play for the Celtics last year? **yes or no**

Player with shoe size of 7 or less will receive a \$35 discount to purchase Adidas Basketball Shoes.

## **Parent Registration Agreement**

- There is a \$280 donation to participate in the Atlanta Celtics' Spring and Summer Basketball Program. This fee includes:
  - AAU State Tournament
  - Use of game uniform
  - One additional Tournament
  - Social Awareness Experiences
  - Basketball Skill Development
  - End of Season Banquet
- Donation is due at the time of registration. All donations must be received before any of the above items or services can be provided. No refund once shoes, and/or uniforms are worn.
- All players will be eligible for participation on the travel teams, but all selections are at the coach's discretion.
- Parent/Guardian signature agrees to indemnify and hold harmless the Atlanta Celtics, Inc., its Board of Directors, Sponsors, Facility Owners and/or operators from claims, demands and judgments arising at any time your child/children are participating and/or traveling to participate with the Atlanta Celtics Program. Further, I hereby grant full permission to presenters of this program to use any photograph, videotape, DVD recording, or any other record of events for any purpose.
- Parent/Guardian signature below attest to your agreement to adhere to all the rules and regulations of the facilities events that are held and that you have read this registration form and grant full permission for your child to participate in the Atlanta Celtics Basketball Program.
- Parent/Guardian agrees to volunteer time during Atlanta Celtics sponsored local tournaments.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Return to: Karl McCray  
Atlanta Celtics, Inc.  
1143 Jimson Circle SE  
Conyers, GA 30013

Office# (404) 373-7368  
Fax# (404) 373-6614