

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 \$250(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 \$250 donation to participate in the Atlanta Celtics' Spring and Summer Basketball Program. This fee includes:
 - AAU Membership
 - Practice Uniform
 - 1 Pair of Basketball Shoes
 - 1 Travel Bag
 - Social Awareness Experiences
 - Basketball Skill Development
- 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 your agreement to adhere to all the rules and regulations of the facilities events 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 ____/____/____

Return to: Karl McCray

Atlanta Celtics, Inc.
38 Candler Road SE
Atlanta, GA 30317

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