



Skopos Athletics Summer Skill Workout Waiver Form

Presented by:

Skopos Athletics/Colonial Hills Christian School

Post Office Box 928 Lithia Springs Georgia 30122

770-941-2604 (phone) 770-941-2090 (fax) info@skoposathletics.com (email)

PARTICIPATION WAIVER FORM

NAME (print): _____ SCHOOL _____

SHIRT SIZE _____ AGE _____ BIRTHDATE _____ SEX _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PHONE #: _____ (day) _____ (evening)

Email Address: _____

Do you have any Medical problems - such as illness, physical disability, or deformity, etc? _____

If Yes, explain: _____

-----PARENTS READ CAREFULLY & SIGN -----

Parent (Guardian) Name: _____

I, the parent (guardian) of above named individual, hereby give my permission for his/her participation in the Skopos Athletics Summer Skill Workout program, and all related activities. I assume all risks and hazards inherent and incidental to the conduct of the activities. I also hereby release, absolve, indemnify, waive all claims and hold harmless Skopos Athletics, Colonial Hills Baptist Church/Christian School., the Organizers, Supervisors, Employees, Volunteers and any Sponsors and Facility Providers. I also release from responsibility any person transporting above named individual to or from the doctor or hospital in case of injury. All above holds true as long as above named individual participates in any Skopos Athletics, Colonial Hills Baptist Church/Christian School sponsored program or related activity. I also understand the cost to participate in the Skopos Athletic Summer Skill Program is \$20.00 and the fee is due upon initial sign up of above named.

Doctor: _____ Phone #: _____

Insurance Company: _____ Policy # _____

If I cannot be reached in the event of accidental injury to above named individual, I give the Supervisor, being defined as individual in charge of activities on any given date, permission to have First Aid and/or Treatment begun at the nearest Medical Facility.

Parent Signature _____ Date _____
(IF UNDER 18 YEARS)

Player Signature _____ Date _____
(IF OVER 18 YEARS OLD)