

South Cobb (Jr Eagles) Player Wavier Form



Please complete and fill-in information below

Participant Name: _____

Age: _____ Current Grade: _____ Date of Birth: ____/____/____

Current School: _____

Parent(s) Name: _____ Parent Employment _____

Address: _____

Phone Number: (_____) _____ 2nd Phone: _____

Email Address: Mom _____ Dad _____

Past Experience/Team(s): _____

Special Instructions/Health Concerns: _____

Disclaimer: South Cobb HS, Coach Lewis, Coach Bethea, Coach White and its individual employees and supporting staff are not and will not be responsible for any injury or death arising from participation in training, programs, or activities where the risk of such injury or death has been recognized and acknowledged by the Participant signing this Waiver.

Participant releases South Cobb HS, Coach Lewis, Coach Bethea, Coach White and its individual employees and supporting staff from liability for injury or death arising from any such risks. South Cobb HS, Coach Lewis, Coach Bethea, Coach White and its individual employees and supporting staff are not and will not be responsible for any damage to or loss of personal property suffered by Participants engaged in any sponsored program or activity, except by reason of their own gross negligence.

Parent Signature: _____ Date: _____