

TRINITY PREP SCHOOL OF LOGANVILLE

2213 Commerce Dr. Loganville, GA 30052



Athletic Registration/Release Form

Activity: _____

Year: _____

Please fill in all that apply for the current school year

Participant Information (Please Print)

Name _____ DOB _____ Age _____ Sex _____

Address _____ City _____ Zip _____

Parent's Email _____

BEST Cell Contact # _____

RELEASE

I acknowledge that Trinity does not carry insurance on participants in our athletic programs. Being aware of this and acknowledging that the participation in any activity involves a certain degree of risk of injury, I hereby waiver release, absolve, indemnify, and agree to hold harmless Trinity Prep School, their employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injury suffered by the below said participant(s) during this activity. I understand that the above named parties will not assume responsibility for payment of medical treatment or transportation to or from the place of treatment. Only minor first-aid will be administered when necessary. I further agree to abide by the policies and procedures set forth by Trinity Prep School. I further acknowledge that the registration fee is non-refundable and there will be no exceptions.

Parent's Signature _____

Office Use Only

Amount paid _____ Cash _____ Check# _____ Date _____