



PARTICIPANT REGISTRATION FORM

Dear Special Pops Participant, Parents, and Guardians:

To register to become a Special Pops participant, please complete the enclosed forms and submit to SpecialPopsSavannahAthlete@gmail.com

- PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM.** Please read the form, print the participant's name, sign, and date. (You will only need to complete and sign this form once if Participant is 18 years of age or older)
- PARTICIPANT MEDICAL FORM.** The Participant Medical Form must be completed every three years. This information will be useful in case the need for medical assistance is required. This form must be signed by a physician.
- COMPLETE REGISTRATION INFORMATION BELOW:**

PARTICIPANT INFORMATION

Name: _____ Date: _____

Contact Number _____ (check one) Cell _____ home _____

E-mail Address _____

Shirt Size (check one) _____ sm _____ med _____ lg _____ XL _____ 2XL _____ other

Date of Birth (mm/dd/yyyy) ____/____/____

PARENT/GUARDIAN INFORMATION

Name: _____

Contact Number: _____ (check one) Cell _____ Home _____

E-mail Address: _____

OTHER CAREGIVER INFORMATION

Name: _____

Contact Number: _____ (check one) Cell _____ Home _____

E-mail Address: _____



Participant Medical Form

Please complete and include any information that would be useful in a medical emergency.

Participant Name _____ Date of Birth ____/____/____

Gender _____ Height _____ Weight _____

Pre-Existing Condition(s): _____

Allergies: _____

Medications: _____

Please list other information you feel is important if medical assistance is needed: _____
