

**ELW FUTURE STARS SUMMER BASKETBALL LEAGUE**  
**Presented by: Eddie Lee Wilkins Youth Association, Inc.**  
POST OFFICE BOX 722 / CARTERSVILLE, GEORGIA 30120  
(404) 725-3376 (phone) / (770) 436-9122 (fax)/ info@elwyouth.org (email)

**PARTICIPATION WAIVER FORM**

Fee: \$50.00 (Bartow County residents) \$65.00 (Non-residents)

NAME (print) \_\_\_\_\_  
TEAM \_\_\_\_\_ SCHOOL \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HT \_\_\_\_\_  
WT \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
STREET \_\_\_\_\_ CITY STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
\_\_\_\_\_ (Cell) \_\_\_\_\_ (Email)

Do you have any Medical problem such as illness, physical disability, or deformity, etc. If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Parent (Guardian) Name \_\_\_\_\_  
Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

I, the parent (guardian) of above named individual, hereby give my permission for his/her participation in the Eddie Lee Wilkins Youth Association, Inc. sponsored "ELW Future Stars Summer League" 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 the Eddie Lee Wilkins Youth Association, Inc., the Organizers, Supervisors, Employees, Volunteers and any Sponsors and Facility Providers, including but not limited to the Etowah Area Consolidated Housing Authority, Cartersville City School Board, City of Cartersville Government, Douglasville and Cobb County locations. I also release from responsibility any person transporting above named individual to or from the doctor or hospital in case of an injury. All above holds true as long as above named individual participates in the Eddie Lee Wilkins Youth Association, Inc. sponsored program or related activity. I also understand the cost to participate in the Future Stars Basketball League is \$50.00 for Bartow County residents and \$65.00 for non-residents and fee is due upon initial sign-up of above named. No checks will be accepted.

Doctor \_\_\_\_\_ (Phone) \_\_\_\_\_  
Insurance \_\_\_\_\_ 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's signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL FOR PARTICIPATION**

The above named has been approved for participation in the Future Stars Summer Basketball League, with the understanding that above named is required to participate in on-site Social Intervention seminars, as well as life skills and motivational sessions.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Eddie Lee Wilkins Youth Association, Inc. Supervisor

