CORE ATHLETICS

DEVELOP + EDUCATE

CORE ATHLETICS ACADEMY

FILLABLE REGISTRATION PACKET

Developing students through athletics, education and mentoring

BEFORE SUBMITTING

Complete all required fields marked with an asterisk. A current physical clearance must be provided before athletic participation. Optional media and recurring-payment permissions may be declined without invalidating the rest of the packet.

Registration Checklist & Staff Clearance

Administrative use

Parents should complete Forms 1-3 and 5-14. Form 4 must be completed by a licensed medical provider. Core staff completes the clearance section below.

PACKET CHECKLIST

- ☐ 1. Student Registration Form
- ☐ 2. Parent/Guardian & Emergency Contacts
- ☐ 3. Medical & Health Information
- ☐ 4. Pre-Participation Physical Examination
- ☐ 5. Emergency Medical Treatment Authorization
- ☐ 6. Participation Waiver & Assumption of Risk
- ☐ 8. Parent/Guardian Code of Conduct
- ☐ 9. Student-Athlete Code of Conduct
- ☐ 10. Program Policies Acknowledgment
- ☐ 11. Payment & Refund Agreement
- ☐ 12. Electronic Payment Authorization (if selected)
- ☐ 14. Photo, Video & Media Release
- ☐

ENROLLMENT STATUS

- ☐ Incomplete - missing items listed below
- ☐ Approved for non-athletic programming only
- ☐ Cleared for athletic participation

Reviewed by

Review date

Form 1 - Student Registration

Required

STUDENT INFORMATION

Full legal name *

Preferred name

Date of birth (MM/DD/YYYY) *

Grade *

School *

Home address *

City *

State *

ZIP code *

PROGRAM SELECTION

- [ ] Tutoring
- [ ] Mentoring
- [ ] Athletics growth
- [ ] After-school club
- [ ] Basketball training
- [ ] Track & field
- [ ] Camp/clinic
- [ ] Other

If other, describe

Shirt size

Uniform size

Requested start date

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 2 - Parent/Guardian & Emergency Contacts

Required

PRIMARY PARENT/GUARDIAN

Full name *

Relationship *

Mobile phone *

Email *

SECONDARY PARENT/GUARDIAN

Full name

Relationship

Mobile phone

Email

EMERGENCY CONTACTS OTHER THAN GUARDIANS

Contact 1 name *

Relationship

Phone *

Contact 2 name *

Relationship

Phone *

Form 3 - Medical & Health Information

Provide complete information so staff can respond safely. This information is confidential and shared only with personnel who need it for student safety.

HEALTH CONDITIONS

- ☐ Asthma
- ☐ Diabetes
- ☐ Seizure disorder
- ☐ Heart condition
- ☐ Sickle cell disease/trait
- ☐ Severe allergy/anaphylaxis
- ☐ Prior concussion
- ☐ Recent surgery/injury
- ☐ None known

- ☐ Student carries rescue inhaler
- ☐ Student carries epinephrine auto-injector

A separate Medication Administration Authorization and action plan may be required before Core staff can store or administer medication.

HEALTH CARE AND INSURANCE

Primary physician / practice

Phone

Preferred hospital

Health insurance company

Member/policy ID

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 4 - Pre-Participation Physical Examination

Parent/guardian: complete the history below. Medical provider: review the history, conduct the examination on Page 2 and indicate participation status. Core Athletics Academy may also accept a current equivalent school or GHSA physical form.

Student name *

Date of birth *

HEALTH HISTORY - CHECK YES WHEN APPLICABLE

- ☐ Yes — Chest pain, fainting or unusual shortness of breath during exercise
- ☐ Yes — Known heart condition or family history of sudden cardiac death
- ☐ Yes — Asthma, wheezing or exercise-related breathing difficulty
- ☐ Yes — Seizures, severe headaches or neurologic condition
- ☐ Yes — Prior concussion or head injury
- ☐ Yes — Bone, joint, muscle or spine injury
- ☐ Yes — Heat illness, sickle cell disease/trait or significant dehydration
- ☐ Yes — Allergy requiring emergency medication
- ☐ Yes — Currently taking prescription medication
- ☐ Yes — Any other condition that may affect safe participation

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

CLINICAL EXAMINATION

PARTICIPATION DETERMINATION

- [ ] Cleared without restriction
- [ ] Cleared with restrictions described below
- [ ] Not cleared - further evaluation required

Provider name and credentials *

Phone *

Practice/address

Provider typed/written signature *

Date *

Form 5 - Emergency Medical Treatment Authorization

Required

I authorize Core Athletics Academy personnel to provide reasonable first aid and to contact emergency medical services for my child when, in their judgment, urgent care is needed. If I cannot be reached, I authorize evaluation and treatment by licensed medical professionals. I understand that Core Athletics Academy does not guarantee the availability or outcome of medical services and that I am responsible for medical expenses not covered by insurance.

I authorize Core Athletics Academy to share relevant health information with emergency responders and treating professionals when reasonably necessary for my child's care.

Student name *

Date of birth *

Primary guardian phone *

Alternate emergency phone *

Insurance company

Member/policy ID

Preferred hospital (emergency responders determine destination)

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 6 - Participation Waiver & Assumption of Risk

Activities and risks

I understand that participation may include sports instruction, conditioning, running, jumping, drills, games, use of equipment, indoor and outdoor activities, and related Academy events. These activities involve inherent risks, including falls, collisions, overexertion, heat illness, sprains, fractures, concussion, serious injury, disability and, in rare cases, death.

Health and instructions

I represent that I have disclosed relevant health information and will provide required medical clearance. My child agrees to follow safety instructions, use required protective equipment, report injuries and symptoms promptly, and stop participating when directed.

Voluntary participation

I understand the nature of the activities and voluntarily permit my child to participate, subject to any medical restrictions and Core Athletics Academy policies.

Student name *

Program(s) *

Continue to Page 2. Both pages are part of this agreement.

Release and responsibility

To the fullest extent permitted by Georgia law, I release and agree not to hold Core Athletics Academy, its owners, directors, employees, coaches, volunteers, host facilities and program partners liable for claims arising from the ordinary inherent risks of participation, except where a release is prohibited by law. This provision does not waive rights that cannot legally be waived.

Property and insurance

I understand that personal property may be lost or damaged and that I am responsible for maintaining appropriate health and accident insurance for my child.

Indemnification

To the extent permitted by law, I agree to be responsible for losses caused by my child's intentional misconduct or knowing violation of safety rules.

Acknowledgment

I have had an opportunity to ask questions. I understand that this document affects legal rights and that I may seek independent legal advice before signing.

☐ I have read and agree to Pages 1 and 2 of this waiver.

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 7 - Concussion Information & Acknowledgment

What is a concussion?
A concussion is a brain injury caused by a bump, blow or jolt to the head or body. A student does not have to lose consciousness. Symptoms can appear immediately or later.

POSSIBLE SIGNS AND SYMPTOMS

- Headache or pressure in the head
- Dizziness, balance problems or blurred vision
- Nausea or vomiting
- Confusion, slowed responses or memory problems
- Sensitivity to light or noise
- Unusual behavior, irritability or emotional changes
- Drowsiness or sleep changes
- Loss of consciousness, seizure or worsening symptoms

CORE ATHLETICS RESPONSE

A student suspected of having a concussion will be removed from activity immediately and will not return the same day. The student may return only after meeting Core Athletics Academy requirements and receiving written clearance from an appropriate licensed health care provider. Call 911 for danger signs such as worsening headache, repeated vomiting, seizure, increasing confusion, inability to wake, weakness, slurred speech or unequal pupils.

Continue to Page 2 for required acknowledgments.

Form 7 - Concussion Information & Acknowledgment

- [ ] Parent/guardian reviewed the concussion information.
- [ ] Student-athlete reviewed the concussion information.
- [ ] We agree to report suspected symptoms immediately.
- [ ] We understand there is no same-day return after suspected concussion.
- [ ] We understand written medical clearance may be required before return.

Student name *

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Student-athlete typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Educational content is based on widely used youth-sports concussion guidance. This form does not replace medical advice.

Form 8 - Parent/Guardian Code of Conduct

Required

- [ ] Treat students, families, coaches, staff, officials and opponents with respect.
- [ ] Use appropriate language and refrain from threats, harassment, fighting or abusive conduct.
- [ ] Support coaching decisions and avoid sideline interference or unauthorized entry into activity areas.
- [ ] Use the established communication and grievance process; address concerns privately and constructively.
- [ ] Ensure timely drop-off and pickup, consistent attendance and notice of absences.
- [ ] Protect student privacy and avoid posting harmful or confidential information.
- [ ] Follow facility, safety, spectator and event rules.
- [ ] Understand that serious or repeated violations may lead to removal from an event, restricted access or dismissal from the program.

- [ ] I agree to follow the Parent/Guardian Code of Conduct.

Student name *

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 9 - Student-Athlete Code of Conduct

Required

- [ ] Show respect, sportsmanship and honesty.
- [ ] Attend consistently, arrive on time and give appropriate effort.
- [ ] Follow coach, staff and facility instructions, including safety directions.
- [ ] Keep hands, objects and hurtful words to myself; no bullying, hazing, fighting or threats.
- [ ] Use social media responsibly and do not embarrass, harass or expose teammates.
- [ ] Do not possess or use weapons, alcohol, tobacco, vaping products or illegal drugs.
- [ ] Report injuries, unsafe behavior and concerns promptly.
- [ ] Care for uniforms, equipment and facilities.
- [ ] Accept coaching, correction and progressive discipline.

- [ ] I agree to follow the Student-Athlete Code of Conduct.

Student-athlete name *

Student-athlete typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Parent/guardian acknowledgment *

Date *

Form 10 - Program Policies Acknowledgment

Attendance

Notify Core as early as possible about an absence. Repeated unexcused absences may affect enrollment, team placement, eligibility for refunds or participation in special events.

Drop-off and pickup

Students must be checked in and picked up by authorized adults unless a separate written release applies. Guardians remain responsible until staff accepts the student. Late pickup procedures and fees may apply.

Weather and cancellation

Core may delay, relocate, modify or cancel programming because of severe weather, unsafe temperatures, air quality, facility conditions, staffing or other safety concerns.

Clothing and equipment

Students must wear appropriate clothing, footwear and required protective equipment. Families are responsible for issued items and may be charged for loss or unreasonable damage.

Behavior and discipline

Core may use redirection, parent contact, temporary suspension, behavior plans or dismissal. Serious safety violations may result in immediate removal.

Continue to Page 2. Both pages are part of the policies acknowledgment.

Form 10 - Program Policies Acknowledgment

Communication

Core may communicate operational information by email, telephone or text using the contact details provided. Families must keep information current.

Complaints and incidents

Concerns should first be directed to the designated program leader. Safety incidents, injuries and alleged misconduct should be reported promptly and documented.

Enrollment and records

Enrollment is not complete until required forms, clearance and payment arrangements are accepted. Core may maintain registration, attendance, safety and payment records as permitted by law.

Program changes

Schedules, staff, locations and program details may change. Core will provide reasonable notice when practicable.

Refund and fee terms

The Payment and Refund Agreement controls financial terms. A program withdrawal does not automatically cancel a separate payment authorization unless the stated cancellation process is followed.

☐ I reviewed and agree to the Program Policies on Pages 1 and 2.

Student name *

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 11 - Payment & Refund Agreement

Required

Program *

Start date

Program fee

Enrollment fee

Payment frequency

Payment due date(s)

TERMS

- [ ] The $45 enrollment fee is refundable only when the written eligibility conditions communicated for the selected program are satisfied. Core will document those conditions before payment.
- [ ] If a six-week free period applies, paid charges begin only after the stated free-period end date shown below.
- [ ] Uniform, equipment, tournament, facility or special-event costs must be disclosed separately.
- [ ] Withdrawal and refund requests must be submitted in writing. Refunds, credits and cancellation dates follow the terms entered below.
- [ ] Past-due balances may pause participation. Core will not assess an undisclosed fee.

Free-period end date, if applicable

First paid charge date

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 12 - Electronic Payment Authorization

Optional unless recurring payment is selected

Do not enter a full card or bank-account number on this form. Payment credentials should be entered only through Core Athletics Academy's approved secure payment processor.

- [ ] I authorize Core Athletics Academy to charge the payment method I place on file through its secure processor.

- [ ] I decline recurring electronic payments and will use another approved payment method.

Payment processor customer/reference ID (last 4 digits only if needed)

AUTHORIZED SCHEDULE

Amount or calculation method

Frequency

First charge date

End date / number of payments

I understand that I may cancel future recurring charges by following Core's written cancellation procedure. Cancellation does not erase charges already due under the Payment and Refund Agreement. I will update expired or replaced payment credentials through the secure processor.

Cancellation contact/method provided by Core

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 14 - Photo, Video & Media Release

Choice required; permission is optional

Choose one option. Declining media permission will not, by itself, prevent enrollment. Core may still use internal security footage or records when permitted by law and necessary for safety or administration.

☐ YES - I authorize identifiable photos, video and audio of my child for Core websites, social media, flyers, presentations, fundraising and program promotion.

Core may edit and reproduce approved content without compensation. Core will not intentionally publish private medical, academic or contact information.

☐ LIMITED - I authorize internal program use and private family/team communications, but not public promotional use.

☐ NO - I do not authorize identifiable promotional photos, video or audio of my child.

Student name *

This permission remains effective for the program year unless revoked in writing. Revocation applies prospectively and may not remove materials already printed, published or distributed.

Parent/Guardian typed signature *

Date *

Typing your name above constitutes your electronic signature and confirms that you reviewed and agree to this section.

Form 15 - Parent-Athlete Commitment Agreement

Required

Core Athletics Academy combines development, education, mentoring and athletics. Strong results require a shared commitment from the student, family and Academy.

STUDENT COMMITMENT

- [ ] Attend consistently and arrive prepared.
- [ ] Give honest effort in athletics, tutoring and mentoring.
- [ ] Accept coaching and communicate respectfully.
- [ ] Complete agreed academic and personal-development actions.
- [ ] Care for equipment, teammates and the Core community.

PARENT/GUARDIAN COMMITMENT

- [ ] Support attendance, punctuality and preparation.
- [ ] Communicate absences, health changes and concerns promptly.
- [ ] Reinforce conduct, academic and program expectations.
- [ ] Keep registration, emergency and payment information current.

Student-athlete name *

Student-athlete typed signature *

Date *

Parent/guardian typed signature *