

Staff Use - Trial Type: \_\_\_\_\_ Trial Payment Method: \_\_\_\_\_ Trial Ends: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Coastal Georgia Athletics, Inc

1303 Grant Street, Brunswick, Georgia 31520  
CGAcheer.com (912) 230-9130 CGAinc@hotmail.com



## Waiver, Release & CC. Authorization

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you find out about us? \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail (checked regularly): \_\_\_\_\_

Any medications allergic to: \_\_\_\_\_

Previous Injuries/Medical Conditions: \_\_\_\_\_

Name \_\_\_\_\_ CC# \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Following my trial, please use the above credit card to pay \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month.

\$59 for 1 Class a Week	<b>\$89 for 2 Classes a week</b>	\$129 for Unlimited Classes
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I, the undersigned Guardian/Participant do hereby give consent for my child/self to participate in the training and activities provided by Coastal Georgia Athletics, Inc. I am fully aware of the nature of the activities involved and the possibility of injuries and/or death, which may arise from such activities. In case of illness, injury and/or death that may arise directly or indirectly as a result of participation and/or travel to or from the activity or training (i.e. clinic, camp, out of town activities or events), I do hereby grant my permission to Coastal Georgia Athletics, Inc to seek immediate treatment for myself or child should I/he/she be injured. I hereby release Coastal Georgia Athletics, Inc, including its officers, shareholders, agents, coaches, contractors and employees from any liability to the above named participant, or any person claiming through him/her, arising from injury to the person or property of the above-named participant. This release includes any claims of negligence, and is intended to be as broad as permissible under Georgia law. I authorize Coastal Georgia Athletics, Inc to use photographs, video, and/or other likenesses of myself or my child for use in its promotional materials or sales and waive any rights of compensation or ownership thereto. This credit card authorization will remain in effect until the designated expiration date or until I cancel it via email, whichever comes first, and I agree to notify Coastal Georgia Athletics via email of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. If the above noted payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card account and agree not to dispute these scheduled payments with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
Guardian/Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Default Selection: 1 Class a Week and the Monthly Charge Date falling closest to your Trial End Date.  
Cancel Anytime with just 5 Days Notice! \$10 Autopay Discount is reflected in the pricing listed above.**