You're Invited to a Celebration at CCA!

FOR: _____

DATE: _____

TIME: _____

DETAILS: _____

RSVP TO: _____

*****PLEASE FILL OUT THIS FORM AND BRING TO THE PARTY WITH YOU*****

Your Child(ren)'s Name: _____ **Birthdate(s):** _____

_____ _____

_____ _____

Parent/Guardian Name: _____ **Phone #:** _____

Address: _____

City/State/Zip: _____

Medical & Liability Release:

As the parent(s) or legal guardian(s) of the child(ren) named above, I hereby consent and grant authority to the staff of Capitol City Athletics Findlay to make any medical judgement concerning medical attention in the event of an emergency or accident during my absence. Understanding the possibility of an injury in any athletic or physical endeavors. I hold Capitol City Athletics and its staff harmless for any and all injuries arising out of taking part in activities of Capitol City Athletics Findlay, Bateson Investments LLC, and Bateson Investment II LLC. Additionally, I authorize Capitol City Athletics Findlay to display portraits of my child on their website at www.capitolcityathletics.com. Pictures may also be used in media and/or advertising.

Parent/Guardian Signature: _____ **Date**: _____