



ATLANTA AREA SCHOOL FOR THE DEAF

AASD Athletics Registration 2023-2024

Student-Athlete Name: _____ Grade: _____ D.O.B. _____

Parents/Guardians Names: _____

Parents/Guardians Contact Number: _____

Parents/Guardians Email Address: _____

Emergency Contact Person and Contact Number:

Medical Information: Any allergies or any other medical concerns?

- My child has permission to ride the school bus to their games: Yes or No
- My child has permission to ride MARTA to home: Yes or No
- My child has permission to ride Uber/Lyft to home: Yes or No
- My child has permission to ride with: _____

My child is interested in the following sports:

- Volleyball
- Soccer
- Basketball
- Track and Field
- Flag Football

Parent/Guardian Signature: _____ Date: _____

AASD After School Programs and Activities
Adam Garfinkel- AASD Interim Athletic and Rec Coordinator
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