



ATLANTA AREA SCHOOL FOR THE DEAF

AASD Athletics Registration 2026-2027

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 (Female only)
- Flag Football (COED)
- Basketball
- E-Sports
- Soccer (COED)
- Track & Field

Parent/Guardian Signature: _____ Date: _____

Chad Moore- AASD Athletic Director
Phone: 404-537-1163 | Cell: 678-378-0268 | Email- michael.moore@doe.k12.ga.us

