

**Little Knights' Club  
Registration Form**

**Player's Full Name** \_\_\_\_\_

**Gender M or F**      **Grade** \_\_\_\_\_      **Birth Date** \_\_\_\_\_

**Player's T-shirt Size** Y Sm, Y Med, Y Large, A Med, A Large

**Parent or Guardian Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**Fee** \$40.00      **Time** 12-1:30 PM      **Location** St. Mary's GS

**Dates:** Jan. 12 & 19, Feb. 2, 9, & 16.

**Any Medical Conditions, allergies, etc.** \_\_\_\_\_

\_\_\_\_\_.

I consent to our child participating in the Little Knights' Club. In participating in basketball activities, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm arising out of those activities. I understand that basketball activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I am not present I hereby give our permission for the coach or representative of the the team to obtain any required medical attention my child may need. I will notify the coach of any physical limitations (allergies, hearing, sight, etc.) or other additional information they need to know about my/our child.

I have read the waiver and understand its conditions.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date