

Prospect Junior Knights Program

2016 – 2017 Registration Form

www.juniorknights.com

A Completed Form Is Required To Participate In This Program

Name: _____ Age: _____ Birth Date: _____ Grade: _____
(Last, First, MI)

Address: _____
(Street, City & Zip)

School Now Attending _____

Parents/Guardians: _____

Home Phone: _____

Cell Phone (Father): _____

Cell Phone (Mother): _____

Email Address (Father): _____

Email Address (Mother): _____

Uniform Size: _____

I Plan on Attending Prospect High School: _____
Player Signature

Consent for Treatment

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Name of Player / Minor: _____

Dates when release is intended: October 1, 2016 through September 30, 2017

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Date: _____
(Father, Mother and or Guardian)

LIABILITY RELEASE

We the undersigned, for myself, my heirs, the executors and administrators waive and release all rights and claim for damages or injuries we may have against the following, but not limited to Prospect Junior Knights Program, Directors, Coaches, and Volunteers, Prospect High School, School District 214, School District 57, and School District 25, Mount Prospect Park District, Arlington Heights Park District, St. Mark Lutheran Church, Christian Liberty Academy, and MAX Training Center from participation in the Prospect Junior Knights basketball program.

(Signature Player) Date: _____

(Signature Parent/Guardian) Date: _____