

JUNIOR KNIGHTS BASKETBALL PROGRAM

PARENT PERMISSION AND REGISTRATION

PLAYER NAME: _____ GRADE: _____

MALE/FEMALE: _____ DATE OF BIRTH: ___/___/___ SCHOOL: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ 2ND EMAIL ADDRESS: _____

PHYSICIAN: _____ PHYSICIAN'S PHONE: _____

INSURANCE CO: _____ POLICY NUMBER: _____

PREFERRED HOSPITAL: _____

I, We, Parents/Guardians of the above participant, do hereby consent to his/her participation in the Junior Knights Basketball Program including all activities incidental to the program. I/We assume all responsibility for risks and hazards of participation in the Junior Knights Basketball Program, including transportation to and from all program activities and to and from any medical facility in an emergency. I/We hereby release the Junior Knights Basketball Program, its Coaches, Officials, as well as the League, including sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all injuries, loss or damage to property and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the program. I/We consent for the Junior Knights Basketball Program to use my/our image and/or name(s) and the participant's image and/or name as it deems appropriate for local publicity and publication to promote the Junior Knights Basketball program and its participants.

SIGNATURE OF LEGAL GUARDIAN _____ DATE: _____

THE JUNIOR KNIGHTS BASKETBALL PROGRAM IS NOT AFFILIATED WITH THE FULTON COUNTY BOARD OF EDUCATION OR ANY FULTON COUNTY SCHOOL.