



Lil' Knights' Basketball Club

2008-2009 Registration Form

Section 1: Player Information

Player's Name(print clearly):						Date of Birth:	
Shirt Size:	<input type="checkbox"/> YS	<input type="checkbox"/> YM	<input type="checkbox"/> YL	<input type="checkbox"/> AS	<input type="checkbox"/> AM	<input type="checkbox"/> AL	<input type="checkbox"/> AXL
<i>(t-shirt included in fee to keep - jersey will be provided but returned)</i>							Grade (08-09):
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Teacher:				

Section 2: Primary Adult/Legal Guardian Information

Name:		Relationship to player:	
Address:		E-mail Address:	
City:	Zip:	Phone Number:	
Preferred Method	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail	2 nd Phone Number:

State any known medical condition(s) which may affect the player's ability to participate:

Other Lil' Knight players from your household:

Section 3: Additional Emergency Contact Information

Name:	
Phone Number:	Relationship to player:

Section 4: Registration

Registration Methods: Mail - Send completed form and payment to: Lil' Knights' Basketball Club PO Box 362 Tabor, IA 51653 School - Return registration form and fee to Pam Sola at FM Elementary	I have attached individual registration: <input type="checkbox"/> \$15 - K-2 Grade (Lil' Dribblers) <input type="checkbox"/> \$20 - 3-4 Grade (Lil' Hoopsters) <input type="checkbox"/> \$20 - 5-6 Grade (Lil' Knights) <i>Registration fee includes a Lil' Knight t-shirt to keep.</i>	<input type="checkbox"/> I have included fee with sibling's registration payment.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Registrations due November 6, 2008. Questions – call 629-2505

Section 5: Parental Involvement

The success of this program relies on parental involvement. Please check any and all of the following positions in which you would be willing to volunteer your time to help.

Coach Assistant Coach Team Parent Fundraising/Work in Concession Stand

If you are signing up to coach do you need additional information about basketball? Yes No

Section 6: Release and Medical Authorization

Release and Medical Authorization

I am the parent, or legal guardian of the player in Section 1 above. In consideration for my child being registered for this program, I do hereby agree to indemnify and hold harmless from any and all claims or expenses, including all medical or legal expenses, against the Lil' Knights' Basketball Club and its officers and coaches from all liability for negligence causing any injuries or damages to me or my child, as a result of his/her participation in the Lil' Knights Basketball Club. I do hereby authorize Lil' Knights' Basketball Club to secure emergency care, if necessary.

Do you give permission to post your child's picture in the paper or on the club's website Yes No

Parent or Legal Guardian's Signature

Date

Club Use Only: Cash Check # _____ None Entered Team _____