

2008 PALO ALTO KNIGHTS FOOTBALL REGISTRATION FORM

Palo Alto Knights
 P.O. Box 403
 Palo Alto, CA 94302-0403
 (650) 269-6100
 www.paknights.com



\$ 250 Early Registration (non-refundable after 8/1/08)

\$ 300 after April 1, 2008 (non-refundable after 8/1/08)

The Palo Alto Knights are committed to providing equal opportunities for all eligible athletes. Financial Assistance in exchange for volunteer work is available with return of completed Financial Assistance Form.

YES, I would like to donate a scholarship registration fee of \$250.00

PLAYER INFORMATION

Name must match birth certificate or passport exactly.

Legal Last Name _____

Legal First Name _____

Legal Middle Name _____

Name that player wishes to be called _____

Address _____

City _____ Zip _____

Phone (____) _____ Weight at registration _____

Date of Birth _____ Age on or before 7/31/2008 _____

School Attending Fall 2008 _____

Team level played in 2007 season: MM__ JPW__ PW__ JM__ M__

PARENT / GUARDIAN INFORMATION

Name _____ Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home (____) _____ Home (____) _____

Cell (____) _____ Cell (____) _____

E-mail _____ E-mail _____

EMERGENCY CONTACT & INSURANCE INFO

Contact person must be different from either parent.

Name _____

Phone (____) _____

Family Doctor _____

Phone (____) _____

Insurance _____ Policy # _____

PARENT PERMISSION – signature REQUIRED

I give approval for participation in all activities of Palo Alto Knights during the 2008 season. I assume all risk and hazards incidental to the program. In case of emergency, I hereby authorize any necessary treatment.

 SIGNATURE OF PARENT/GUARDIAN

 DATE

THE COMPLETED REGISTRATION FORM MUST BE ACCOMPANIED BY:

Current 2x2 or 2x3 photograph. Head shot (passport like). No hats or dark glasses. No Polaroid's allowed.

COPY of birth certificate or passport.

Player registration check made out to: PALO ALTO KNIGHTS FOOTBALL

Parent Volunteer Form completed and \$100 Parent Volunteer Buy-out with check made out to: PALO ALTO KNIGHTS FOOTBALL All parents are required to volunteer throughout the season. Paying \$100.00 Buy-Out will dismiss parents from volunteer work.

YOU WILL NEED TO MAIL THE FOLLOWING BY JULY 1, 2008 TO THE KNIGHTS POSTAL ADDRESS:

Medical/Physical Form. A medical exam dated January 1, 2008 or after stating the athlete may participate in contact (sports) football for the 2008 Football season. Form may be found online at www.paknights.com, under "DOWNLOAD FORMS".

TWO (2) copies of player's FULL YEAR report card (or equivalent). **MUST CONTAIN ALL ACADEMIC GRADING PERIODS DURING THE 2007-2008 school year.**

FOR LEAGUE USE ONLY

Check # _____ Amt. Paid _____ FAA Form Rcvd _____ Prelim. Team Assignment _____ Wait List # _____