



KINGS CLASSIC

Adult Group Registration Form

Team Name: _____

Team Captain: _____

Captain's Phone: _____

Captain's Email: _____

**The information below may be completed by the team captain in registering his/her team.
Please note, EACH member of the team must complete a signed waiver
before he/she will be allowed to participate in the event.**

Player 1	Payment Received?	Yes	No
Name:			
Gender:	Phone Number:		
Address: (Street, City, Postal Code)			
Email:	Date of Birth:		
Emergency Contact:	Emergency Contact Number:		
Special Medical Info:			

Player 2	Payment Received?	Yes	No
Name:	Parent/Guardian Name:		
Gender:	Phone Number:		
Phone Number:			
Address: (Street, City, Postal Code)	Student's Grade Level:		
Email:	Emergency Contact Number:		
Emergency Contact:			

Player 3		Payment Received?		Yes	No
Name:		Parent/Guardian Name:			
Gender:		Phone Number:			
Phone Number:					
Address: (Street, City, Postal Code)			Student's Grade Level:		
Email:			Emergency Contact Number:		
Emergency Contact:					

Player 4		Payment Received?		Yes	No
Name:		Parent/Guardian Name:			
Gender:		Phone Number:			
Phone Number:					
Address: (Street, City, Postal Code)			Student's Grade Level:		
Email:			Emergency Contact Number:		
Emergency Contact:					