



KINGS CLASSIC

Student Group Registration Form

Team Name: _____

Team Captain: _____

Adult Contact: _____

Contact'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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Name:		Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Address: (Street, City, Postal Code)			
Parent Email:		Student's Grade Level:	
Emergency Contact:		Emergency Contact Number:	
Special Medical Info:			

Player 2		Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Name:		Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Address: (Street, City, Postal Code)			
Parent Email:		Student's Grade Level:	
Emergency Contact:		Emergency Contact Number:	
Special Medical Info:			

Player 3		Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Name:		Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Address: (Street, City, Postal Code)			
Parent Email:		Student's Grade Level:	
Emergency Contact:		Emergency Contact Number:	
Special Medical Info:			

Player 4		Payment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Name:		Parent/Guardian Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Phone Number:	
Address: (Street, City, Postal Code)			
Parent Email:		Student's Grade Level:	
Emergency Contact:		Emergency Contact Number:	
Special Medical Info:			