



KINGS CLASSIC

Group Registration Form

Team Name: _____
Date: _____
Adult Contact: _____
Contact's Email: _____

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)			
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)			
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)			
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)			
Email:		Student's Grade Level:	
Emergency Contact:		Emergency Contact Number:	
Special Medical Info:			