



2017 Southampton Knights Football Registration Form

P.O. Box 1487 Southampton, Pa. 18966 * www.southamptonknights.com * 215-780-0409

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Player's First Name _____ Player's Last Name _____

Player's Address _____

Player's City _____ State _____ Zip _____

Player's Home Phone _____ Player's Email _____

Address _____

Player's Birth Date ____/____/____ Player's Current Age _____ Player's Current Weight (Appox.) _____

Did the player play for the knights last season? Yes / No If yes, which Knights team did the player play for? _____

If yes, does player wish to keep the same jersey number? Yes / No

If no, what jersey number would the player like (Subject to availability)? 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Did the player play for another team/league last season? Yes / No If yes, what team/league? _____

Does the player have any mental or physical conditions that might require special attention at practice or during games? Yes / No

If yes, please explain _____

Does the player have any allergies? Yes / No If yes, Please explain _____

Parent / Guardian Information

Name: _____ Relationship: _____

Home Phone: _____ Email _____

Address: _____

Cell Phone: _____ I would like to be contacted regarding sponsorship? Yes / No

Second Parent / Guardian Information

Name: _____ Relationship: _____

Home Phone: _____ Relationship: _____

Cell Phone: _____ I would Like to be contacted regarding sponsorship? Yes / No

I understand that signing my child up for football that I / we are required to volunteer for snack bar, chains, field maintenance

And fundraising. Initials: _____ Date: _____

Release of all claims

In consideration of permission granted my child or ward by Southampton Knights Football to participate in the sport of football during the 2015 calendar year. I hereby release and discharge Southampton knights Football of Southampton, County of Bucks, State of Pennsylvania, agents, coaches, sponsors, assistant leaders and officers from any and all claims, demands, actions, judgments and executions which under signed ever had, or now has, or may have, or claim to have, against Southampton Knights Football, its successors or assigns for all personal injuries, arising out of, the above described sports activities and related transportation.

Video/Photograph Release

I grant Southampton Knights Football permission to use any video or photographic images of my child for advertising, promotions or display.

Refund Policy

I understand that Southampton Knights Football has a no refund policy unless otherwise stated on the registration form. Requests for refunds must be submitted in writing to the Southampton Knights Football Executive Board for approval.

Returned Check Fee

I agree I will pay Southampton Knights Football a returned check fee in the amount of \$25.00 for any check returned to Southampton Football bank from my paying institution.

Parents Handbook

I agree to abide by the rules and regulations set forth in the Southampton Knights Parents Handbook adopted by the Southampton Knights Football Executive Board. Failure to abide by these rules and regulations will subject the parent/guardian to the consequences defined in the Southampton Knights Handbook.

Insurance

All players are required to be covered by a personal or family medical plan including hospitalization BEFORE they participate in the program. I certify that the person being registered is covered by such plan.

Parents/Guardians Permission-Emergency Medical Care

I, the undersigned (legal guarddian), do hereby grant permission to any licensed physician to perform or provide necessary emergency care or to aid my child, in connection with playing the sport of football.

Parent/Guardian Signature: _____ Date: _____