



KINGS BAY FOOTBALL

2670 COYLE STREET, BROOKLYN, NY 11235

TELEPHONE: (718) 934-6347 - FAX: (718) 934-6342

WEB SITE: KINGSBAYFOOTBALL.COM

OFFICIAL USE ONLY

Reg. No.: _____

Division: _____

Reg Pd: _____

Raffle Pd: _____

Book #'s _____

REGISTRATION FORM

Players Last Name _____

Players First Name _____

Address: _____

Apt: _____

City / State: _____

/ NY

Zip: _____

Home No.: _____

Cell No.: _____

Weight _____

Date of Birth (MM/DD/YY): _____

E-Mail Address: _____

Please provide us with the following information:

1. Are you returning from Last Season? [yes] [no] If Yes what team _____

2. If new to Kings Bay do you have any experience ? [no] [yes] What league _____

PARENTAL PERMISSION AGREEMENT

I, the parent / guardian of the above named candidate do hereby give my son permission to participate in the up coming Kings Bay Football season, and fully understand that Kings Bay Youth Organization, and Kings Bay Football is a non profit organization with a volunteer staff. I also understand that participation in this sport may involve strenuous physical activity and bodily contact. I also understand that my **child will be obligated to attend practices** and other instructional and/or conditioning sessions and realize that failure to do so may constitute grounds for exclusion from a game.

I give my son permission to travel to and from all contests, scrimmages and practices that may or may not be part of KB Football. I also agree to be responsible for the return of all equipment issued by KB Football to him. I also understand that it is my responsibility to make sure that my child is medically and physically fit to participate before trying out, practicing, or competing in these athletic activities. I also agree to inform KB Football of any changes in my child's medical or physical condition which may develop or is discovered at any time after the date this document is signed. I also give KB Football permission to obtain medical treatment in an emergency situation with the understanding that the family will be notified.

Parent / Legal Guardian's Name – Print

Relationship to Player

Parent / Legal Guardian's – Signature

Date

In Case of Emergency, Please Contact the Following:

Name (Print) _____

Relationship to Player _____

Emergency Contact Numbers: _____