

## MILPITAS KNIGHTS 2018 REGISTRATION FORM



PARTICIPANT INFORMATION	
LAST NAME:	DATE OF BIRTH:
FIRST NAME:	AGE: (As of July 31. 2018)
ADDRESS:	
CITY:	ZIP:
SCHOOL ATTENDING DURING SEASON:	
PARENT/GUARDIAN INFORMATION	
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY / ZIP:	CITY / ZIP:
PHONE:	PHONE:
EMAIL:	EMAIL:
EMERGENCY CONTACT INFORMATION	
NAME:	PHONE:
TERMS & CONDITIONS	
FEES: I understand that any and all registration fees assessed by Milpitas Knights are non-refundable once your child has been certified and placed on his official team roster  EQUIPMENT: I do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by Milpitas Knights. I understand all equipment is to be used for association activities only and remains the legal property of Milpitas Knights. I agree to reimburse Milpitas Knights for any and all equipment that is lost or intentionally damaged for the value stated by the association. I agree to return upon request any and all equipment/uniform that was issued by Milpitas Knights.  PHYSICAL: I understand that in order for my child to participate in any physical activities with his/her team, a Physical by a licensed Medical Professional must be submitted.  BIRTH CERTIFICATE: I understand that my child must meet age and weight requirements of EBYFC League. I understand that proof of age in the form of a certified birth certificate or any legal record of birth provided by the State. If such proof of age is not provided to EBYFC by certification date, the participant is automatically ineligible.  VOLUNTEERING: I understand that this organization operates primarily with volunteers. I understand that I will be required at some point to volunteer my time with the following; MPR Monitor, Field Set-up, Field Clean-up, Chain Crew, Announcer, Clock Operator, Snack Shack	
SNACK SHACK DUTIES	
Our Snack Shack is one of our most important sources of income for our organization. All parents are required to assist in our Snack Shack at least <b>one (1) home game</b> during our season. Team moms will coordinate dates/times. If you are unable to assist with your required duty you may opt-out by making additional payment of \$100 in place of your time.  PLEASE CHOOSE ONE OPTION: [ ] VOLUNTEER TIME [ ] \$100 PAYMENT	
I fully understand and agree with the Terms & Conditions and Snack Shack Duties	
Parent/Guardian Signature & Date	

