



Mailing Address:
 7916 Craig Street
 Philadelphia, PA 19136
 Email: info@lansingknights.com
 Web-site www.lansingknights.com

Uniform Sizes
 Pants/Shorts: _____
 Shirt: _____
 Hat: _____

Date Received: _____
 Check # or Cash: _____
 Age Group: _____

LANSING KNIGHTS YOUTH ORGANIZATION REGISTRATION FORM

Are you a new member to Lansing's Organization? yes no
 If you are not a new member has any of your information changed? yes no
 Are you receiving *emails* and/or *Newsletters* from the organization? yes no

PLEASE CIRCLE ONE SPORT

Baseball Softball Soccer Basketball Lacrosse In-House T-Ball/Coach In-House Soccer

***** NO REGISTRATION WILL BE ACCEPTED WITHOUT REGISTRATION FEE *****

PLEASE PRINT ALL INFORMATION

ATHLETE INFORMATION:

Child's Full Name: _____ Sex: **M** **F** Birth Date: ___/___/___ Child's Age: _____

PARENT/GUARDIAN INFORMATION:

Parent's Full Name: _____ Main Phone Number: _____
 Address: _____
 Number Street Name City State Zip Code
 Cell Phone #: _____ Email Address: _____

Parent's Full Name: _____ Main Phone Number: _____
 Address: _____
 Number Street Name City State Zip Code
 Cell Phone #: _____ Email Address: _____

All Parents are encouraged to play an active role in supporting the Lansing Knights Youth Organization.
 Please select from one of the following:
 _____ Coach / Assistant Coach (*circle which one*) _____ Field Lining (Soccer/Baseball/Lacrosse)
 _____ Cutting Grass _____ Trade/Computer Skills (*Specify*)

Please list any medical conditions or allergies that your child's coach should know about.

Parent's Permission

My son/daughter has my permission to participate in any/all LANSING KNIGHTS programs. I hereby "hold harmless" the Lansing Knights Youth Organization and all individuals working in connection with the programs sponsored from any and all liability resulting in an injury to person or outside property damage, which might arise from his/her participation.

SIGNATURE: _____
 Parent or Legal Guardian