

**REGISTRATION FORM**

(Please Print Legible)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Athlete Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Grade level - Circle One: 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

School: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

What Sports do you currently participate in: \_\_\_\_\_

Sport you would like to focus on: \_\_\_\_\_

What are your weaknesses/strengths: \_\_\_\_\_

Do you want to play any sport collegiately or professionally: \_\_\_\_\_

As parent and legal guardian for (the "participant") I hereby give my consent to participate in the 4K athlete training program to be conducted by the (4K) Program Consultants and Development Group (4K) I acknowledge that participation in the athletic programs may involve the risk of personal injury to participant or others. Understanding, that risk and in consideration of participant being allowed to participate in athletic events, I, on my own behalf and on behalf of participant, participants' heirs, administrators, executors, and assigns hereby (I) fully release and discharge (4K) coaches, instructors and other 4K staff and all of it's and their respective officers agents employees, indemnify, defend, and hold harmless

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**(TO BE COMPLETED BY PARENT/GUARDIAN)**

**In The Event I Cannot Be Reached**---- I authorize emergency medical treatment for my child. I understand that this permission is given in advance of any specific situation and is done so to encourage medical personnel to use their best judgment in treating my child.

Name of Parent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If I am unavailable in the event of an injury then please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_