



Mailing Address:  
 7916 Craig Street  
 Philadelphia, PA 19136  
 Email: [info@lansingknights.com](mailto:info@lansingknights.com)  
 Web-site [www.lansingknights.com](http://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