

SWLA KNIGHTS PLAYER APPLICATION

PLAYER INFORMATION

Name:		
Date of birth:	Grade:	Cell Phone:
Phone to add to Group Text:		
Email:		
Current address:		
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of Parent or Guardian:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:	Email:	

SPORT APPLYING FOR

CCAL Girls Volleyball	CCAL Basketball	JV Coed Soccer
JV Girls Volleyball	JV Girls Basketball	Varsity Coed Soccer
Varsity Girls Volleyball	Varsity Girls Basketball	Softball
JV Boys Volleyball	JV Boys Basketball	Baseball
Varsity Boys Volleyball	Varsity Boys Basketball	Track & Field
Football	Cheer	

AREA OF VOLUNTEER (PARENT)

Clock	Book	Stats
Concession Buying	Parent Duty Schedule	Video

UNIFORM

Number Requested (Not Guaranteed):	Sock Size (If Applicable):
Jersey Size:	Warm-up Top Size (JV Optional):
Short/Pants Size:	Warm-up Top Pant Size (JV Optional):

MISC ITEMS

	PARENT	ATHLETE
I HAVE RECEIVED CONCUSSION TRAINING INFO		
I HAVE RECEIVED PLAYER CODE OF CONDUCT		
I HAVE RECEIVED PARENT CODE OF CONDUCT		
I HAVE READ, UNDERSTAND, AND AGREE TO THE RELEASE OF LIABILITY FORM		

SIGNATURES

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of Athlete:	Date:
Signature of Parent / Guardian	Date: