



Mukilteo Knights Player Information Form

Player's Name _____ Date of Birth _____

Player's Shirt Size _____ Player's Shorts Size _____
(Keep in mind that players tend to prefer baggy shorts.)

Uniform Number Request: First Choice _____ Second Choice _____ Third Choice _____
(Legal uniform numbers consist of #'s 0-5. For example 2, 15, 30, 55 are legal numbers while 8, 19, 37 and 63 are not.)

Father's Name _____ Mother's Name _____

Address _____

City _____, WA Zip _____

Home Phone _____ Cell Phone(s) _____

Work Phone(s) _____

E-mail Address(s) _____

How often do you check your E-mail? _____

Medical Release – Parent/Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician _____ Phone _____

Address _____

Hospital Preference _____

In case of emergency, contact:

Name Phone Relationship to Player

1) _____

2) _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis Medication Dosage Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Authorized Parent/Guardian Signature: _____ Date: _____