

CATHOLIC GRADE SCHOOL CONFERENCE OF CHICAGOLAND  
JUNIOR KNIGHT REGISTRATION AND CONSENT FORM – 2009

- |  |                               |
|--|-------------------------------|
| 1. Registered in <b>St. Mary of the Woods Parish</b> | 6. School Attending _____     |
| 2. Name _____  | 7. Age _____ Birth date _____ |
| 3. Address _____                                     | 8. Height _____ Weight _____  |
| 4. City _____  | 9. Shirt size _____           |
| 5. Phone _____                                       | 10. Players Signature _____   |

RULES

1. Eligibility requires the student to be in **Fourth Grade** in the fall of 2009.
2. Each participant must attend the Parish school or be registered in the Parish and attend CCD or REP.
3. Other rules and regulations as established by the Junior Knight Coaches and Coordinator with approval by the SMOW KNIGHTS Football Board.

RELEASE

I, parent/legal guardian, do hereby grant permission for my child, a minor, to participate in the SMOW Junior Knight Football program in affiliation with the Catholic Grade School Conference football program. I hereby for myself and for my child as the natural guardian/legal guardian, my heirs, executors and administrators, waive, release and discharge forever, any hereafter accrues to me against St. Mary of the Woods Parish &/or School and the Catholic Grade School Conference of Chicagoland, their respective agents, officers, representatives, successors and/or assigns, and SMOW Knight Football coaches, players and board members for any and all damages, which may be sustained and suffered by my child in connection with my child's participation as a Junior Knight and/or arising out of my child's traveling to and/or participating in and/or returning from SMOW Football games or Junior Knight practices or other SMOW football program activities and agree to indemnify each above-named entity and persons and hold them harmless therefrom.

I represent and warrant to all SMOW Knight Football Program Coaches and Board Members that my child has been examined by a physician and is physically able to participate in the SMOW Junior Knight Football Program and I am not aware of any physical problems that would prevent my child from participating.

I hereby agree and consent to the foregoing: Signed this \_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Complete the Insurance and Medical Information of the back of this registration form which is an integral part of this form.