



## Kings and Queens of the Court Applicati

FIRST \_\_\_\_\_ INITIAL \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL \_\_\_\_\_

### ATHLETIC INFORMATION

POSITION \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

PER GAME: POINTS \_\_\_\_\_ ASSISTS \_\_\_\_\_ REBOUNDS \_\_\_\_\_ BLOCKS \_\_\_\_\_

OTHER SPORTS PLAYED \_\_\_\_\_

### ACADEMIC INFORMATION

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

GPA \_\_\_\_\_ SAT MATH \_\_\_\_\_ SAT READING \_\_\_\_\_ SAT WRITTEN \_\_\_\_\_ ACT \_\_\_\_\_

CLUB TEAM \_\_\_\_\_ ADDRESS \_\_\_\_\_

COACH \_\_\_\_\_ PHONE # \_\_\_\_\_

COACH'S EMAIL \_\_\_\_\_

PARENTS NAME \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

### MEDICAL INFORMATION

INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_

As the parent/legal guardian of \_\_\_\_\_, I request that in my a  
the player be admitted to any hospital or medical facility for diagnosis and treatment. I request ar  
authorize physicians, dentists, and staff, duly licensed, to perform any diagnostic procedures, trea  
procedures, operative procedures and x-ray treatment of the above minor.

\_\_\_\_\_

Signature of parent/legal guardian

KINGS AND QUEENS OF THE COURT APPLICATION PAGE 2

PAYMENT INFORMATION

Check \_\_\_\_\_ Paypal \_\_\_\_\_ Credit Card \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration \_\_\_\_\_ Sec Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_

# Application

bsence  
nd  
atment

