



Georgia Knights of Pythagoras

Parents' Contact Information

Knight's Name: Last _____, First _____ MI _____

Knight's Birth date (mm/dd/yyyy): _____ Parent's Last Name: _____

Mother's First Name: _____ Father's First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: _____

Work Phone: () _____ E-Mail: _____

Health Insurance Company:

Policy Number: _____

Sometimes it is difficult to reach the parents. Please list two individuals (neighbors, relatives, or friends) and their number so they can be reached in case of an emergency. If we cannot reach the number you listed above, we will attempt to reach the individuals you have listed below.

Name of secondary contact 1: _____

Telephone Number: _____

Name of secondary contact 2: _____

Telephone Number: _____

I agree to the following terms and conditions as outlined in the following disclaimer by the submission of this form:

I allow my son/ward to participate in the Knights of Pythagoras Mentoring program and/or summer camp. I understand my son/ward will not leave the KOP mentoring site during program hours and that unauthorized departures from the KOP mentoring meeting site as well as any violation of KOP rules, may result in termination on his attendance in the program. If he is terminated from the program, I agree to pick him up immediately upon notification.

I will not hold the KOP program or staff liable for injury or damage arising from the result of my son/ward's participation in the program. I hereby give permission for my son/ward to receive medical treatment, if necessary.

I approve my son/ward's participation in the KOP program. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

Note: If there are conditions of which the KOP needs to be aware with regards to your child's participation in the program, please use the below form to elaborate.

Parent Signature

Date