



ILLINOIS BONE AND JOINT INSTITUTE, LLC

REGISTRATION FORM

Submit one form per participant. Please complete this form and the waiver, and mail with \$120 check made out and sent to:

**Illinois Bone and Joint Institute
Attention: Knee Injury Prevention Camp
2401 Ravine Way, Suite 100
Glenview, IL 60025**

Participant General Information

Name (Last, First, MI)

Address (Street, City, State, Zip)

Birth date _____ Age _____ School and Grade in Fall _____

Contact Phone _____ Email Address _____

Parent/Guardian Information

Mother/Guardian Name _____ Daytime Phone _____

Work Phone _____ Alt Phone _____

Father/Guardian Name _____ Daytime Phone _____

Work Phone _____ Alt Phone _____

Emergency Contact (*other than Parent/Guardian*)

Relationship _____ Daytime Phone _____ Work Phone _____

Alt Phone _____

T-Shirt Size: ADULT: Sm ____ Med ____ Lg ____ X-Lg ____

FC United / Trevian SC Player? _____