

Tryout Fee:
 Amt Pd: _____
 Date _____
 Eval. # _____

2017 Air Kev – Kingdom Basketball Registration Form



Player Information:

\$20 Tryout fee is Non-Refundable

Player First Name: _____ Player Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ Grade: _____ Age: _____ Date of Birth: _____ - _____ - _____

Current School Athlete Attends School Yr. 2016/17 **School Athlete Will Attend 2017/18?**

Did you play basketball for your school 2016-17 season? Yes / No Did you play the 2015-16 season? Yes / No

Parent's/Guardian's Information:

Father's/Guardian's Name: _____

Father's/Guardian's Cell Phone: (_____) _____ Email: _____

Mother's/Guardian's Name: _____

Mother's/Guardian's Cell Phone: (_____) _____ Email: _____

Please note: Uniform samples are available at try-outs. If offered a position on a team, KSC WILL order the size that you write on this form. If the size written on this form does not fit or was written incorrectly; KSC will not be held responsible to replace the uniform. If you wish to order another uniform in a different size the cost will be determined by the owner and you must pay before the new uniform is ordered.

Height: _____ **Weight:** _____ **lbs.** **Jersey Size:** _____ **Shorts Size:** _____

WAIVER/EXCLUSION CLAUSE *(please read carefully and sign below)*

I, the parent/guardian, Coach, or participant, in registering at Kingdom Sports Center, Inc., understand that he/she/I in attending the indoor Sports program and using the facilities does so at his/her/my own risk. Kingdom Sports Center, Inc., Warren County, OH, and its/their owners, employees and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs on the premises. I acknowledge that I am aware of the risks inherent in participating in indoor basketball (practice, training and competition); that indoor basketball is a physical sport which can require considerable running, starting, stopping and physical exertion; and could potentially lead to limb injuries; possible permanent disability and death. Participants and parents assume full responsibility for all injuries and/or damages which may occur in or about any programs on the premises and he/she/I do or does hereby fully and forever release, discharge and hold harmless Kingdom Sports Center, Inc., Warren County, OH, all associated facilities and its/their owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to the following rules of play and conduct set by Kingdom Sports Center, Inc. He/she/I understand(s) that failure to do so may result in suspension from participation with no refund. Also, I waive all rights to any photos or live video taken during practice or competitions for use in any Kingdom Sports Center, Inc. publication. By Coach signing off on team he/she takes full responsibility of each player on Roster with the above statement in protecting the KSC if he/she does not turn in their Roster of players to the KSC.

PARENT/GUARDIAN'S SIGNATURE: _____ **DATE:** ____/____/____

Office Use Only

Coach/Team Name: _____

Division: _____

Player #: _____

Office Use Only

Payment One: \$ _____ Date: _____

Check # _____ Cash _____ Visa/MC (circle one)

Payment Two: \$ _____ Date: _____

Check # _____ Cash _____ Visa/MC (circle one)