KINGDOM SPORTS CENTER

INDIVIDUAL k-8TH Grade

CDDA FLAG FOOTBALL

937-746-3370

To Register: www.kingdomsportscenter.com

2026-27 REGISTRATION

Program Director: Blaec Walker

CDDA Flag Football Individual League Details:

- Fee: $130 per individual (includes: mouth-guard, flag, shirt)
- Parent Volunteer Coaching
- 2 Sessions Available (**must register per session/each session separate fee**)
- **MEET & GREET Will start the Session on Nov. 8th**
- **Session 1 – Starts SUNDAY, Nov. 8th – Dec. 27th** DEADLINE Nov. 2nd
- **MEET & GREET Will start the Session on Jan. 10th**
- **Session 2 – Starts SUNDAY, Jan. 10th – Feb. 21st** DEADLINE Jan. 4th

Flag Football League is run by Blaec Walker. 937-806-6696

GAMES: LEAGUE INFORMAITON

- **8 Games: Sunday Games, Times Approx. 3:30pm-9pm**
- Practices will be before each game starts
- All Kingdom Teams are based on 'Parent Volunteer"
- First Week will be a 'Meet and Greet'
- End of season Championship
- **Time Adjustments for SUPER BOWL SUNDAY GAMES**
- 10 players max per team (if possible) CO-ED Divisions
- KSC has the right to combine divisions where needed to fill brackets.

SCHEDULES: Will be posted on Kingdom Sports Center APP - 3-4 days before league starts and is player and coach's responsibility to check game days and times. Times and days subject to change.

- Registration fee due at time of registration.
- Make up days are not guaranteed. Canceled games may or may not be rescheduled
- KSC will accept individual Credit Card, Check, cash, or Online Payment for individual fee. You may register online at www.kingdomsportscenter.com or call us at **937-746-3370**
- **Registrations after deadline are subject to additional $20 f ee – NO guarantee of placement after deadline**
- Refund will NOT be given if individual cancels after deadline

All games will be held at:

Kingdom Sports Center 440 Watkins Glen Dr. Franklin, Oh 45005

937-746-3370

Register online at:

kingdomsportscenter.com

- **GATE FEE- $5 PER PERSON**
- **$4 PER SENIOR CITIZEN**
- **17 & UNDER 'FREE'**

REGISTER ONLINE AT KINGDOMSPORTSCENTER.COM

CIRCLE ONE: BOY GIRL GRADE: K-1 2+4 5+6 7+8

Player's Name: _____ Parent's Name: _____

Email Address: _____ Cell Phone: _____

Shirt size (check one): YS: _____ YM:_____ YL:_____ AS: _____ AM: _____ AL: _____ AX:L _____

Can parent/family member coach? ( )Yes ( )No - Can parent/family member assistant coach? ( )Yes ( )No

*******PARENT VOLUNTEER COACH SON/DAUGHTER LEAGUE FEE WILL BE WAIVED: COACHES WILL BE CHOSEN BY SPORTS DIRECTOR FOR MOST QUALIFIED*******

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

I, the parent/guardian/Coach/participant, in registering at Kingdom Sports Center, Inc., understand that he/she/I in attending the basketball 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 lacrosse (both practice and competition); that lacrosse 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 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. Also, I waiver all rights to any photos or live video taken during practice or competitions for use in any Kingdom Sports Center, Inc. publication.

Parent/Guardian/Coach Signature: _____ Date Signed: _____

For Office Use Only: Amount Pd. $ _____ Amount Owed. $ _____ Cash _____ Check # _____

VISA or MC _____ Exp. _____ Code #_____ Zip _____Employee Initials _____ Date _____