Kingdom Sports Center + Jeremy Pflug

9-11th HIGH SCHOOL <u>BOYS</u> INDOOR Touch FOOTBALL LEAGUE



Call Kingdom Sports Center at 937.746.3370 or Jeremy Pflug at 513.356.2306 With any questions

- WHERE: Kingdom Sports Center
- WHEN: SUNDAY 5pm and Later
- INDIVIDUAL REGISTRATIONS ONLY (No Coed)
- \$150 Per Player (Per Session)
- 7v7 League
- 2 / 20 Min. Running Clocks w/a 4 Min Halftime
- Jersey Provided
- All Players Must Wear/Provide Their Own Mouthpiece (Mandatory)
- Mouthpieces will be available for sale in the concessions stand as well
- SESSION 1: Dec. 1-Jan. 12 (1st week Meet-N-Greet)
- **DEADLINE:** Session 1 Thurs. Nov. 28th Online Only
- SESSION 2: Jan. 19-Mar. 2 (1st week Meet-N-Greet)
- DEADLINE: Session 2 Jan. 17th Online Only
- LEAGUE Meet-N-Greet + 6 League Games
- Meet-N-Greet will consist of Team/Coach/Position Selection/Jersey Handout

REGISTER ONLINE AT WWW.KINGDOMSPORTSCENTER.COM

Player's Name:	Date of			Parent's Name:Cell Phone:		=
Email Address:						
POSITION:						_
	Shirt size: ()S ()M	()L ()XL	Select one: ()Child Size or (Adult Size	
Can parent/family mem	per coach? ()Yes ()No Can	parent/family n	nember assistant co	oach? ()Yes ()No
WAIVER/EXCLUSION CLAUSE (please r	ead carefully and sign belo	<u>w)</u>				
programs and using the facilities does so at his/whatsoever arising from any personal injury of Location. I acknowledge that I am aware of the Facility which host events that can require condeath. Participants and parents assume full resum and forever release, discharge and hold harmle from any and all claims, demands, damages, right addition, he/she/I agree(s) to the following rulfailure to do so may result in suspension from Center, Inc. publication. All Spectators take the the facility.	property loss sustained by perisks inherent in participating siderable running, starting, stoponsibility for all injuries and cost Kingdom Sports Center, Incipits of action, present or futures of play and conduct set by participation. Also, I waiver a	participant and h g (and or watchir pping and physi damages which n, Kingdom Com e resulting from o Kingdom Sports Il rights to any p	is/her/my family in cong) in Sports such as cal exertion; and contain a cont	or about any programs on is Basketball, Soccer, Train uld potentially lead to limb it any programs on the pre ind all associated facilities a person's participation in an ted on website and through taken during practice or co	the premises or at the ing, or any other purp injuries; possible permises and he/she/I do and its/their owners, ency programs or use of input the facility. He/she impetitions for use in a single in the facility.	e 440 Watkins Glose, that is a Sponanent disability and or does hereby funployees and agerts facilities/locatione/l understand(s) thany Kingdom Sponanent Sp
Parent/Guardian/Coach Signature:				Date Signed:		
For Office Use Only: Amo	unt Pd. \$	Amount C	wed. \$	Cash (Check #	_
VISA or MC	Exp.	Code #	Zip	Employee Initials	Date	