

WHEN: June 9<sup>th</sup> – June 11<sup>th</sup>, 2017  
 FORMAT: 3+ Game Guarantee  
 DIVISION: Boys and Girls 3<sup>rd</sup> - HS  
 WHERE: Kingdom Sports Center --- (937) 746-3370  
 440 Watkins Glen Dr. Franklin, Ohio 45005  
 COST: \$195.00 Per Team



NOTE: KSC tournament deadline is stated but may sell out before deadline, whoever comes first.

**\*\*Price includes Ref. Fees. Registration fee is due at registration deadline or your team will not be added to the schedule\*\***

DEADLINE: June 2<sup>nd</sup>. 2017

[www.kingdomsportscenter.com](http://www.kingdomsportscenter.com)

Team Gender: ( ) Boys ( ) Girls

Team Division: ( ) Upper ( ) Lower

Select Grade Below

( ) 3<sup>rd</sup> ( ) 4<sup>th</sup> ( ) 5<sup>th</sup> ( ) 6<sup>th</sup> ( ) 7<sup>th</sup> ( ) 8<sup>th</sup> ( ) 9<sup>th</sup> ( ) HS

**MUST CALL TO REGISTER: 937-746-3370**

Team Name: \_\_\_\_\_ Coach Name: \_\_\_\_\_

\*Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**\* ALL COACHES MUST HAVE VALID CDELL PHONE NUMBER (This is required for communication with Sports Directors)**

**Waiver/Exclusion Clause (Please read carefully and sign below)**

I, the parent or guardian or 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 (both practice 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 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, d, 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 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. 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.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please include a Kingdom roster before 1<sup>st</sup> game with all players parent's signatures. No team will be allowed to play without a completed kingdom roster. Kingdom Rosters can be found in our office or on our website [www.kingdomsportscenter.com](http://www.kingdomsportscenter.com) on our rules and rosters link.**

**\*Please note that if you have a request that requests need to be on this form on or before deadline. Requests may or may not be met. We WILL NOT accept requests for Sunday games due to playoffs. If there are requests after the deadline, you will be charged a convenience fee of \$25 for each change, at the time of your request, IF it can be met. No exceptions.**

REQUESTS:

For Office Use Only: Amount Pd. \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 VISA/MC \_\_\_\_\_ Exp. \_\_\_\_\_ Code # \_\_\_\_\_ Zip \_\_\_\_\_ Employee Initials \_\_\_\_\_ Date \_\_\_\_\_