Fall FAST	<b>TEAM + INDIVI</b> BREAK Basketbal CALL US! 937-746-3370 NE AT: WWW.KINGDOMSPORTSCENTER.COM	League			
Games are SUNDAY - C		GAMES: 8+ Games • 12 players max per team			
<mark>(No Co-ed)</mark> Team Gender Select G	<ul> <li>KSC has the right to combine divisions where needed to fill brackets.</li> <li>ROSTER: KSC roster with all players parent's signatures MUST be turned in on or before 1st game or team will forfeit play. No team will be allowed to play without a completed roster/located on our website kingdomsportscenter.com on our rosters &amp; rules link.</li> </ul>				
INDIVIDUAL Registration NO COED 2nd-HS Information \$95 Per Individual Deadline: INDIVIDUAL Sept. 3 <sup>rd</sup> , 2023 \$10 INDIVIDUAL Late Fee after deadline if spots available \$10 INDIVIDUAL Late Fee after deadlin	TEAM Registration-NO COED2nd-HS\$ \$395 Per TeamDEADLINE: Sept. 5th, 2023S TARTS: Sept. 10th – Oct. 29S Season Ending TOURNAMENT2-6th Grade OnlyNov. 3rd-5th (Tentative Dates)REGISTER ON EXPOSURE BBALL APPPRACTICES May be available at \$45 perhr. weekdays before 5:00ContactDebbie@kingdomsportscenter.comafter SCHEDULE is postedNOTE: ONLY ENROLLED HSSTUDENTS PERMITTED TO PLAY.TEAM WILL BE REMOVED FROMLEAGUE W/NO REFUND IF CAUGHTUSING OLDER PLAYERSNO Exceptions-No Warnings	<ul> <li>SCHEDULES: Will be posted on EXPOSURE BASKETBALL 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. Coaches will be texted</li> <li>Holidays may reflect days of play. Schedule may be adjusted due to competition level once scores have been input or due to cancellations. No requests will be taken.</li> <li>Registration fee due at time of registration. No team with be put on schedule if not paid in full by deadline.</li> <li>Make up days are not guaranteed.</li> <li>KSC will not accept individual checks from parents for payment, Credit Card, Check, or Online Payment for team fee is to be paid by coach. You may register online at <u>kingdomsportscenter.com</u> or call 937-746-3370</li> <li>Refund will NOT be given if team cancels after deadline.</li> <li>KSC reserves the right to remove any team/individual from league with no refund given if Kingdom rules are not upheld during your time here. PLEASE see rules &amp; terms &amp; conditions located on our website on the rules &amp; rosters link.</li> <li>All Teams Must have 18yr. or older coach (not a player) sitting the bench each game or they will Forfeit that game –After 2x's removal from League with NO Refund Action will be taken</li> </ul>			
Kingdom Sp CIRCLE ONE: BOY GIRL	oorts Center Basketball League Entry Form: (P GRADE: 2 3	lease use one form per child) <mark> </mark>			
Player's Name: Pa	rent's Name:Coach/Tean	า Name			
Email Address:	Cell Phone:				

	Shirt size (Ind. Only)	YS:	YM:	YL:	AS:	AM:	AL:	AX:L
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## <u>Can parent/family member coach</u>?()Yes ()No - <u>Can parent/family member assistant coach?</u> ()Yes ()No

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WAIVER/EXCLUSION CLAUSE (please read carefully and si	ign below) Parents are sign	ing off on COVID-19	Waiver posted on wel	bsite for all to read.		
I, the parent/guardian/Coach/participant, in registering a	t Kingdom Sports Center, I	nc., 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 a	and agents, shall not	be liable for any dama	ages whatsoever arising from	any personal injury or pro	operty loss sustained by
participant and his/her/my family in or about any program	ms on the premises. I ackno	owledge that I am av	vare of the risks inher	ent in participating in lacross	e (both practice and comp	petition); that lacrosse is
a physical sport which can require considerable running,	starting, stopping and phys	sical exertion; and co	uld potentially lead to	limb injuries; possible perma	anent disability and death	1. Participants and
parents assume full responsibility for all injuries and dam	ages which may occur in or	r about any program	s 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, O	H, all associated facilities a	nd its/their owners,	employees and agents	from any and all claims, den	nands, damages, rights of	action, present or
future resulting from or arising out of any person's partic	ipation in any programs or	use of its facilities. I	n addition, he/she/I ag	gree(s) to the following rules	of play and conduct set b	y Kingdom Sports
Center, Inc. He/she/I understand(s) that failure to do so r	nay result in suspension fro	om participation. Als	o, I waiver all rights to	any photos or live video take	en during practice or com	petitions for use in any
Kingdom Sports Center, Inc. publication. Parent/Guardiar	n/Coach Signature:		-			Date Signed:
	, 0					0
For Office Use Only: A	.mount Pd. \$	Amo	unt Owed. \$	Cash	_ Check #	
	F .	Cala II		Excelsion to be details	Data	
VISA/MC	Exp	_ Code #	Zip	_ Employee Initials _	Date	