

Register Online at KINGDOMSPORTSCENTER.COM

**Starts Week of : Dec.11<sup>th</sup> – 2/26<sup>th</sup>**  
**Grades K – 2<sup>nd</sup> Boys and Girls**  
**DEADLINE: Monday Dec. 9<sup>th</sup>.**

INCLUDES 3<sup>RD</sup>-6<sup>TH</sup> GRADERS IND. REGISTRATION

For K-3<sup>rd</sup> Grade Classes will consist of the following: 3<sup>rd</sup> graders must register through league  
**WEDNESDAY: 6-7:00**

- 30 Min. B'Ball Training
- 30 Min. Fast Twitch Training

**LAST 5 WEEKS**

- 15 Min. warm up
- 45 Min. Game Scrimmages
- T-shirt Included

**4<sup>th</sup>-6<sup>th</sup> Jr. NBA/WNBA**

**Must Register Through League!**

- **WEDNESDAY:**
- 4<sup>th</sup> – 6<sup>th</sup> Grade - 7-8:00
- Program will be formatted with:
- 30 Min. B'Ball Training and
- 30 Min. Fast Twitch Training
- If Schedule Changes Parents will be notified and will be posted on the Website

**\$95 Per Individual**

**Kingdom Sports Center Mission**

Kingdom Sports Center & Mick Dejene's primary objective is to train & develop, starting at a young age, premier basketball players with athletes whose goals are to excel on the court & off. KSC will provide an environment for each player to develop & enhance his/her individual basketball skills; to provide a forum for qualified players to uplift and encourage them while instructing them on basic principles of Basketball/Fast Twitch Training & to promote positive values along with developing the spirit of sportsmanship.



**10 Selected Wednesdays:**

Dec. 11<sup>th</sup>, 18<sup>th</sup>  
 Jan. 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>  
 Feb. 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>

**937.746.3370**



Child's Name: \_\_\_\_\_ Parent's/Guardian's Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

Cell Phone : (\_\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B:Year \_\_\_\_\_ Grade: Fall 2017 (Circle One)      K      1<sup>ST</sup>      2<sup>ND</sup>

Shirt size (check one): YS: \_\_\_\_\_ YM: \_\_\_\_\_ YL: \_\_\_\_\_ AS: \_\_\_\_\_ AM: \_\_\_\_\_

**Coach/ Assistant Coach ( ) YES ( ) NO (Needed during Scrimmages only)**

**THIS IS A WAIVER AND RELEASE OF LIABILITY-MUST be signed by parent/guardian for child to participate!**

I, the parent/guardian/Coach/participant, in registering at Kingdom Sports Center, Inc., understand that he/she/ 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/ 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/ agree(s) to the following rules of play and conduct set by Kingdom Sports Center, Inc. He/she/ 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: \_\_\_\_\_

Player/Team will NOT be able to participate if the Wavier is not signed and dated.

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

VISA or MC \_\_\_\_\_ Exp. \_\_\_\_\_ Code # \_\_\_\_\_ Zip \_\_\_\_\_ Employee Initials \_\_\_\_\_ Date \_\_\_\_\_