



SUMMER SLAM 2017 BASKETBALL LEAGUE

Individual Registration



League Runs: July 8 – July 30, 2017
Games: 10+ games guaranteed, (2) games per week, plus (3) Saturday league games & including tournament

Deadline: July 3rd, 2017
Cost: \$75 per Individual

Tentative Days of Play:
All Girls Teams + 3rd/4th Grade Boys play Tuesdays & Thursdays
5th – High School Boys play Mondays & Wednesdays
(May change depending on # of teams per division)

End of Season Tournament:
Pool Play (Same Days Of Play As League)
Monday – Thursday: (July 24th - 27th)
Sunday: July 30th, 2017 – Single Elimination Tournament
Parent Volunteer Coaching, Practices Not Guaranteed

PLEASE SELECT:

Gender:
Boy () Girl ()

Grade player just completed:
3rd () 4th () 5th () 6th () 7th () 8th () 9th () HS ()

Format: 12 players max per team
KSC has the right to combine divisions where needed to fill brackets.

Schedules: Will be posted on website at www.kingdomsportscenter.com and it is players', parents', and coaches' responsibility to check game days and times. Times and days subject to change. All dates to left are tentative. Make up days are not guaranteed.

Payment: KSC will accept individual checks, Visa, Master Card, or online payment. You may register online at www.kingdomsportscenter.com, call us at 937-746-3370, or fax your completed form to 937-746-7227 or send check or money order to: 440 Watkins Glen Drive Franklin, Ohio 45005

Kingdom Sports Center Basketball League Entry Form:
REGISTER ONLINE AT WWW.KINGDOMSPORTSCENTER.COM

Player's Name: _____ **Date of birth:** _____ **Parent's Name:** _____

Email Address: _____ **Cell Phone:** _____

School attended 2015-16: _____

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

Shirt size: () S () M () L () XL **Select one:** () Child Size or () Adult Size

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 waive all rights to any photos or live video taken during practice or competitions for use in any Kingdom Sports Center, Inc. publication.

Parent/Guardian: _____ **Date Signed:** _____

Player 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/MC _____ Exp. _____ Code # _____ Zip _____ Emp. Initials _____ Date _____