

WHEN: Saturday Mornings

STARTING: Jan. 17. 2015-Mar.

WHERE: Kingdom Sports Center

AGES: 3-6 Year Olds

COST: \$75 Per Child

CLASSES: 8 Sessions

(May not be consecutive)

TRAINER: Joel Gross

EXPERIENCE: 10+ Years Training

*Limited Spots - Only Accepting 10 Per Class

"Train with the Best....Train at the Kingdom"

Register Same Child for the Academy & The League and Receive \$25 Off!

+

Must Fill Out Individual Soccer Registration Form To Receive Discount or Register Online or

Mail Form along with Payment to:

Kingdom Sports Center 440 Watkins Glen Dr. Franklin, OH 45005

Kingdom Sports Center Soccer Academy Entry Form: (Please use one form per child) REGISTER ONLINE AT KINGDOMSPORTSCENTER.COM

Player's Name:	e: Date of birth:			Parent's Name:			
Email Address:				Cell Phone:		Age:	
	Shirt size: ()S ()N	1 ()L ()XL Se	elect one: ()Child 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/l 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/l 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/l agree(s) to the following rules of play and conduct set by Kingdom Sports Center, Inc. He/she/l 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 Sig	gned:	
Player/Team will NOT be able to participate if the Wavier is not signed and dated.							
For Office Use Only:	Amount Pd. \$	Amou	nt Owed. \$		Cash	Check #	
VISA or MC		Evn	Code#	7in	Employee I	Initials Date	