

# 2015 HARVEST VOLLEYBALL TOURNAMENT

**KINGDOM**  
SPORTS CENTER

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PASS

SET

KILL

ACE

**KINGDOM**  
SPORTS CENTER  
2015 HARVEST VOLLEYBALL TOURNAMENT

## WHEN:

Saturday, October 17

## WHO:

3rd -6th Grade Girls

## PRICE:

\$85 per team—Minimum of 6 players

## TOURNAMENT INFO:

\*Number of games will be determined by the number of teams that sign up



## REGISTRATION FORM

TEAM NAME: \_\_\_\_\_

GRADE: 3rd/4th \_\_\_\_\_ or 5th/6th \_\_\_\_\_

COACH NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*Bring a Non-Perishable Food  
item for the Hope House.  
The team that brings  
the most items  
will receive a prize*



## Please Read Request section below after signing waiver

### 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 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: \_\_\_\_\_

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