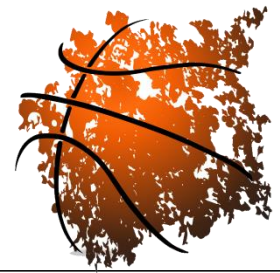




TEAM Basketball REGISTRATION

WINTER 2022-2023 SEASON
REGISTER ONLINE KINGDOMSPORTSCENTER.COM

2nd - 6th Boys + Girls



SELECT YOUR -GENDER- -GRADE- AND -DIVISION LEVEL- NO CO-ED TEAMS ALLOWED

2-6th Competitive

() Boys () Girls

() 2nd () 3rd () 4th () 5th () 6th

- COST - \$395
 - 9+ Game Season
 - (Ref Fees Included) \$250 Value
 - Includes Season Ending Tournament
- Start Date: Dec. 3rd – End Date: Feb. 19th

Deadline Nov. 28th For League

2-6th REC

() Boys () Girls

() 2nd () 3rd () 4th () 5th () 6th

- COST - \$395
 - 9+ Game Season
 - (Ref Fees Included) \$250 Value
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- Start Date: Dec. 3rd – End Date: Feb. 19th

Deadline Nov. 28th For League

LEAGUE Game Days/Times

Divisions will play on either or day – NO REQUESTS for Days of Play

Sat: 4:30, 5:30, 6:30, 7:30, 8:30

Sun: 10, 11, 12, 1, 2, 3, 4, 5, 6, 7, 8

Pre-Season Tournament: November 18-20
 Thanksgiving Tournament: November 25-27
 Christmas Tournament: Dec. TBD
 MLK Tournament: January 13-15
 Season Ending Tournament: Feb. 25-26

\$ TBD - Ref Fees Included
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 Free For All League Teams

3 game guarantee
 3 game guarantee
 3 game guarantee
 3 game guarantee
 Single Elimination

All Bonus Tournaments will be run in conjunction with Southwest Ohio Basketball, using multiple locations with a broad level of talent. Tom Sunderman & I, Michael Roe, will work together on both the league and tournaments, to closely monitor your games, your competitiveness and your needs, to make sure you all are taken care of.

REGISTER ONLINE AT WWW.KINGDOMSPORTSCENTER.COM

Team Name: _____ Team Color: _____ Coach's Name: _____

Email Address: _____ Cell Phone: _____

KINGDOM SPORTS CENTER WAIVER FOR SPECTATORS AND PARTICIPANTS

ATTENTION: No Player/Team will be able to participate if the Waiver is not signed and dated on the Registration Form. Roster must be turned in s first game.

WAIVER/EXCLUSION CLAUSE (please read carefully and sign below)

I, the parent/guardian/Coach/participant, spectator, in registering (or watching) for Any Sporting Event within The Kingdom Sports Center, Inc., understand that he/she/I in attending any programs and using the facilities does so at his/her/my own risk. Kingdom Sports Center, Inc., and its/their owners, Sponsors, 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 or at the 440 Watkins Glen Location. I acknowledge that I am aware of the risks inherent in participating (and or watching) in Sports such as Basketball, Soccer, Training, or any other purpose, that is a Sports Facility which host events that 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., Kingdom Community Foundation and 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/locations. In addition, he/she/I agree(s) to the following rules of play and conduct set by Kingdom Sports Center, Inc and located on website and throughout the facility. 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. All Spectators take their own responsibility regarding the COVID-19 online information stating they are aware of the risks they take if being exposed while within the facility.

Parent/Guardian/Coach Signature: _____ Date: _____

Requests: Must be written on form below by coach at time of registration. Requests may or may not be met.

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

VISA or MC _____ Exp. _____ Code # _____ Zip _____ Employee Initials _____ Date _____