



# SUMMER SLAM 2017 BASKETBALL LEAGUE

## Team 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 3<sup>rd</sup>, 2017

**Cost:** \$425 per Team

**Tentative Days of Play:**

All Girls Teams + 3<sup>rd</sup>/4<sup>th</sup> Grade Boys play Tuesdays & Thursdays  
5<sup>th</sup> – 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 24<sup>th</sup> - 27<sup>th</sup>)  
Sunday: July 30<sup>th</sup>, 2017 – Single Elimination Tournament

**PLEASE SELECT:**

**Gender:** Boys ( ) Girls ( )

**Division:** Upper ( ) Lower ( )

**Grade team just completed:**

3<sup>rd</sup> ( ) 4<sup>th</sup> ( ) 5<sup>th</sup> ( ) 6<sup>th</sup> ( ) 7<sup>th</sup> ( ) 8<sup>th</sup> ( ) 9<sup>th</sup> ( ) HS ( )

**Format:** 12 players max per team  
KSC has the right to combine divisions where needed to fill brackets.  
Players can always play up a grade, they may not play down a grade.

**Schedules:** Will be posted on website at [www.kingdomsportscenter.com](http://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 not accept individual checks from parents; Coach must pay team fee via check, credit card, or online payment. You may register online at [www.kingdomsportscenter.com](http://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: Please use one form per team per session.  
REGISTER ONLINE AT [WWW.KINGDOMSPORTSCENTER.COM](http://WWW.KINGDOMSPORTSCENTER.COM)

**Team Name:** \_\_\_\_\_ **Team Color:** \_\_\_\_\_ **Coach's Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Requests:** Must be written on form by coach at time of registration. Requests may or may not be met. Any requests after registration deadline will be charged an inconvenience fee of \$25 due upon receipt if requests can be met:

**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.

**Coach Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

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/MC \_\_\_\_\_ Exp. \_\_\_\_\_ Code # \_\_\_\_\_ Zip \_\_\_\_\_ Emp. Initials \_\_\_\_\_ Date \_\_\_\_\_