Fall FAS REGISTER ON Games are SUNDAY -	4 TEAM + INDIVI TBREAK Basketba CALL US! 937-746-3370 LINE AT: WWW.KINGDOMSPORTSCENTER.COM Once A Week 2 nd – HS	I League			
<mark>(No Co-ed)</mark> Team Gend Select (ROSTER: KSC roster with all players parent's signatures MUST be turned in on or before 1st game or team will forfeit play. No team will be allowed to				
INDIVIDUAL Registration NO COED 2nd-HS Information • \$95 Per Individual • Deadline: INDIVIDUAL Sept. 1 st , 2024 • \$10 INDIVIDUAL Late Fee after deadline if spots available • \$TARTS: Sept. 8 th – Oct. 27, • Season Ending TOURNAMENT 2-12 th Grades Nov. 1 st -3 rd (Tentative Dates) • Kingdom Teams Coached By Parent Volunteer • Practices are NOT guaranteed Refund of \$95 Fee for Parent Volunteer Coach After Season	TEAM Registration-NO COED 2nd-HS • \$395 Per 2-8 th Grade Teams • \$425 - HS Teams • DEADLINE: Sept. 3 rd , 2024 • STARTS: Sept. 8th - Oct. 27 • Season Ending TOURNAMENT 2-12 th Grades Nov 1st-3 rd (Tentative Dates) REGISTER ON EXPOSURE BBALL APP PRACTICES May be available at \$45 per hr. weekdays before 5:00 Contact Debbie@kingdomsportscenter.com after SCHEDULE is posted NOTE: ONLY ENROLLED HS STUDENTS PERMITTED TO PLAY. TEAM WILL BE REMOVED FROM LEAGUE W/NO REFUND IF CAUGHT USING OLDER PLAYERS NO Exceptions-No Warnings				

	E. DUI	GIRL	
Player's Name:		Parent's Name:	

GRADE: 2 J Ο 9-03

Player's Name:	Parent's Nan	ne:	Coach	/Team Name					
Email Address:									
Shirt size (Ind. Only) YS: YM	: YL:_	AS:	AM: _	AL:	_ AX:L	_ AXXL:			
Can parent/family member coach? () Yes () No - Can parent/family member assistant coach? () Yes () No - Main and the state of the parent/gamily member assistant coach? () Yes () No - Can parent/family member assistant coach? () Yes () No - Main and the parent/gamily and sign below? Parents are signing off on COVID-19 Waiver posted on website for all to read. I, the parent/gamila 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 Signa									
For Office Use Only: Am	ount Pd. \$	Amou	nt Owed. \$	Cash	_ Check #				
VISA/MC	Exp	Code #	Zip	Employee Initials	Date				