



YOUTH FUTSAL ACADEMY League

440 Watkins Glen Dr. Franklin, OH 45005

937-746-3370

WWW.KINGDOMSPORTSCENTER.COM

- ❖ Team Registration Only
- ❖ 5 Game Season (11/4 – 11/11 – 12/2 – 12/9 – 12/16) Game Days
- ❖ Friday Night League – 5:30-8:30 PM Game Times
- ❖ \$ 175 Per Team \$10 per ref fee per game per team
- ❖ Starts : Nov. 4th, 2016
- ❖ Deadline: Oct. 28th, 2016
- ❖ REGISTER ONLINE or Call the Office (Payment due at Registration)

Kingdom Sports Center League Entry Form: (Please use one form per team per session)

REGISTER ONLINE AT WWW.KINGDOMSPORTSCENTER.COM

Team Name: _____ Coach's Name: _____

Uniform Color: _____ Email Address: _____ Cell Phone: _____

Boys _____ Girls _____ DIVISION: 9/10 Yr. Old _____ 11/12 Yr. Old _____ 13/14 Yr. Old _____ 15/16 Yr. Old _____

Coach – 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 Signed: _____

Requests: Must be written on form below 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 request can be met. Requests:

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

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