



Coach \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone(Day) \_\_\_\_\_  
 Phone(Eve) \_\_\_\_\_

Team Name \_\_\_\_\_  
 Team gender(Circle) Girls Boys Grade/Age \_\_\_\_\_  
 Division Affiliation (Circle) AAU Non AAU  
 Club Affiliation \_\_\_\_\_

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

I, the parent/guardian/participant, Coach, in registering at Kingdom Sports Center, Inc., understand that he/she/I in attending any Activity 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 any Activity (both practice and competition); that 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 waive all rights to any photos or live video taken during practice or competitions for use in any Kingdom Sports Center, Inc. publication.

**ALL PLAYERS UNDER 18 YEARS OLD MUST HAVE A PARENT/GUARDIAN SIGN ROSTER/RELEASE CLAUSE FORM.**

**BY SIGNING THIS ROSTER YOU ARE AGREEING TO THE TERMS LISTED ABOVE**

Type or Print Name	Phone	School	Parent/Guardian Signature	Address/City/State	Birthdate-Grade
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**Coach Signature** \_\_\_\_\_

**Date** \_\_\_\_\_