

2020

PRESENTS Our Annual

President's Day Basketball Tournament

NO ONLINE REGISTRATION – MUST Call To Register – 937-746-3370

- WHEN:** February 14-17th, 2020 Fri.-Mon - (Saturday Feb. 15th - will be from 5pm & later)
COST: \$95 per team. Fee is \$75 per team if participating in KSC Winter League.
 Fee includes all ref fees.
 Make payment by cash, check, All Major CCards - Payment must be made in full in by deadline or sell out in order for team to be scheduled.
- DIVISIONS:** 3rd-6th Grades, Boys & Girls + **Jr. High (Teams and Ind.) Registered in the Winter League Fee Included**
FORMAT: (3) Game Guarantee
AWARDS: 1st Individuals awards
SCHEDULE: Schedules will be posted on www.kingdomsportscenter.com,
 2-3 days before tournament start date.
- DEADLINE:** **Monday February 10th, OR Sell Out – Whichever comes first!**

****Circle One above - One Registration Form Required for Each Tournament****

Team Name: _____ Coach: _____

Cell Phone: _____ E-Mail: _____

Division: **Boys - Girls (circle one)** - Grade: (circle one) 3rd, 4th, 5th, 6th

Completed team roster required before start up of first game. Rosters can be printed from
 Our website at www.kingdomsportscenter.com or picked up in office.

Please complete above registration form and return it with payment to Kingdom Sports Center; 440 Watkins Glen Dr., Franklin, OH 45005 or fax registration to 937-746-7227.
Payment required in full at time of registration. Payment can be made by cash, money order, check, Master Card or Visa.Am.Express, Discover
Team will not be scheduled unless payment has been made. KSC has the right to combine divisions if needed.

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

I, the parent or guardian or Coach or participant, in registering at Kingdom Sports Center, Inc., understand that he/she/I in attending the indoor Sports 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 indoor basketball (both practice and competition); that indoor basketball 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. By Coach signing off on team he/she takes full responsibility of each player on Roster with the above statement in protecting the KSC if he/she does not turn in their Roster of players to the KSC.

Parent/Guardian/Coach/Participant Signature: _____ Date: _____

No Player/Team will be able to participate if the Wavier is not signed and dated

***Please note that if you have a request that request needs to be on this form on or before Deadline. Request may or may not be met.**

If there are requests after the deadline then you will be charged an inconvenience fee of \$25 for each change, at the time of your request, if it can be met. No Exceptions.

REQUESTS: _____

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

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