

FALL BASKETBALL Sunday League



- Registration Deadline: <u>Sunday</u> Sept. 3rd, 2017
- Start Date: Sept. 10th Oct.29nd. (Ends Oct. 22 for HSG)

SUNDAY GAMES ONLY

- COST: \$75 Per Individual For 7th-HS- Due At Registration
- COST: \$95 Per Individual For 3-6th (Includes Jr. NBA/WNBA)
- INCLUDES: Team T-shirt
- League based on PARENT Volunteer Coaching
- Register in Grade enrolled in for Fall 2017 School Year
- NOTE: KSC follows OHSAA Rules-Only 2 on team from same school for 7th-HS boys and girls

JR NBA/WNBA PROGRAM SCHEDULE

- 6-7:00 Tues. & Thurs. K-2nd Grade
- 7-8:00 Tues. 3rd-4th Grade
- 7-8:00 Thurs. 5th-6th Grade
- Program will be formatted with
- 30 Min. B'Ball Training and

VISA or MC

• 30 Min. Fast Twitch Training

JR.NBA/WNBA Director: Mick Dejene (see website for his bio)

GAMES:

- 8 Games: Sunday Games, Possible Times 8am-9pm
- Practices available thru week for KSC Coaches upon availability
- 12 players max per team
- KSC has the right to combine divisions where needed to fill brackets.

SCHEDULES: Will be posted on Website at

www.kingdomsportscenter.com on league schedules link 3-4 days before league starts and is player and coach's responsibility to check game days and times. Times and days subject to change. Full Schedule will be posted around the 4th week for competitiveness-if needed per sports dir. decision

- Registration fee due at time of registration.
- Make up days are not guaranteed. Canceled games may or may not be rescheduled
- KSC will accept individual Credit Card, Check, cash, or Online Payment for individual fee. You may register online at www.kingdomsportscenter.com or 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 Dr. Franklin, Ohio 45005
- Registrations after deadline as well as rescheduled games are subject to additional fee – NO guarantee of placement after deadline
- Refund will NOT be given if individual cancels after t deadline

All games will be held at:

Kingdom Sports Center 440 Watkins Glen Dr. Franklin, Oh 45005

937-746-3370

Register online at:

kingdomsportscenter.com

Kingdom Sports Center Basketball League Entry Form: (Please use one form per child)
REGISTER ONLINE AT KINGDOMSPORTSCENTER.COM

CIRCLE ONE: BOY	GIRL		GRADE:	3	4	5	6	7	8	9-HS
Player's Name:	Date	e of birth:	Parent's N	Vame:						
Email Address:			Ce	ll Pho	ne:					
School attended last year (include	district):	Cu	irrent School e	nrolle	d in (iı	nclude	distric	ct)		
Shirt size (check one): YS:	YM: YL:	AS:	AM:	_ AI	Ĺ:	A	AX:L_		AXX	L:
Can parent/family member c	coach? ()Yes ()I	No - <u>Can parei</u>	nt/family me	mber	assis	stant (coach	<u>.?</u> ())Yes	()No
******PARENT VOLUNTEER COACH SOI	N/DAUGHTER LEAGUE FEE \	WILL BE WAIVED: CO	ACHES WILL BE C	HOSEN	BY SPC	ORTS DI	RECTOR	FOR M	OST QUA	ALIFIED******
I, the parent/guardian/Coach/participant, in registering at l Warren County, OH, and its/their owners, employees and a on the premises. I acknowledge that I am aware of the risl exertion; and could potentially lead to limb injuries; possi and he/she/l do or does hereby fully and forever release, demands, damages, rights of action, present or future re Kingdom Sports Center, Inc. He/she/l understand(s) that fa Center, Inc. publication. Parent/Guardian/Coach Si Player/Team will NOT be able to participate if the V	Kingdom Sports Center, Inc., understa agents, shall not be liable for any dama ks inherent in participating in lacrosse bible permanent disability and death. Ps , discharge and hold harmless Kingdo sulting from or arising out of any pers allure to do so may result in suspensior ignature:	ages whatsoever arising from (both practice and competit articipants and parents assur om Sports Center, Inc., Warn son's participation in any pr	the basketball program n any personal injury or p ion); that lacrosse is a pl me full responsibility for en County, OH, all assot ograms or use of its faci	and using property lo hysical spo all injuries ciated facil ilities. In a	ss sustain ort which c and dama ities and i ddition, he	ed by parti an require iges which ts/their ow /she/l agre	cipant and considerat may occur ners, emplo e(s) to the gractice or c	his/her/my ble running r in or abo oyees and following competitio	y family in o g, starting, s out any prog I agents fro rules of pla ons for use in	or about any programs stopping and physica grams on the premises m any and all claims by and conduct set by
For Office Use Only: Amount P	 ˈd. \$	Amount Owed	. \$		Cash	1	Ch	eck#		

______ Exp. _____ Exp. ____ Code #_____ Zip _____ Employee Initials _____ Date _____