



Call to Register Today!  
**937.746.3370**

[Kingdomsportscenter.com](http://Kingdomsportscenter.com)

# MLK DAY TOURNAMENT

**WHEN:** January 19<sup>th</sup>- 22<sup>nd</sup> 5:30 – 9:30 pm games  
**COST:** \$125 per team. Fee is \$75.00 per team if participating in KSC Winter League.  
 Fee includes all ref fees.  
 Make payment by cash, check, MC, Visa Discov. Payment must be made in full in order for team to be scheduled. Must Call Office for Registration.  
**DIVISIONS:** 3<sup>rd</sup>-6<sup>th</sup> Grades, Boys Only (Girls teams pls. go to [www.juniorknights.org](http://www.juniorknights.org) for registration For 1/16-1/18/15 Tournament)  
**FORMAT:** 3+ Game Guarantee  
**AWARDS:** 1<sup>st</sup> and 2<sup>nd</sup> Individuals awards  
**SCHEDULE:** Schedules will be posted on [www.kingdomsportscenter.com](http://www.kingdomsportscenter.com), 2-3 days before tournament start date.  
**DEADLINE:** Wed. January 14<sup>th</sup>

To register call (937)746-3370 - View Registration Form at: [www.kingdomsportscenter.com](http://www.kingdomsportscenter.com)

Team Name: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

\*Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Coach's Email(s): \_\_\_\_\_

Gender of Team: \_\_\_\_\_ Grade \_\_\_\_\_ Circle One Division: Upper or Lower Uniform Color: \_\_\_\_\_

**\*ALL COACHES MUST HAVE VALID CELL PHONE NUMBER (this is required for communication with sports director)**

**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.

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please include roster with all players parent's signatures No team will be allowed to play without a completed roster.  
 Rosters can be found in our office or on our website [www.kingdomsportscenter.com](http://www.kingdomsportscenter.com) on our league link.

\*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.

**REQUEST**

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

VISA or MC \_\_\_\_\_ Exp. \_\_\_\_\_ Code # \_\_\_\_\_ Zip \_\_\_\_\_ Employee Initials \_\_\_\_\_ Date \_\_\_\_\_