



Will NOT interfere with Volleyball
KENSTON COMMUNITY EDUCATION
GIRLS BASKETBALL
REGISTRATION
FALL 2017



DEADLINE: September 14, 2017

<p>Select One: #2010.f17 (Grade in 2017-18 school year)</p> <p><input type="checkbox"/> A. K -1 Grade</p> <p><input type="checkbox"/> B. 2-3 Grade</p> <p><input type="checkbox"/> C. 4-5 Grade</p> <p><input type="checkbox"/> D. 6-8 Grade</p>	<p align="center">REGISTRATION DEADLINE: September 14, 2017</p> <table border="1"> <tr> <td>Fee until 9/14/17:</td> <td>\$ 95</td> </tr> <tr> <td>Late Fee 9/15/17: <i>Late Registrations will only be accepted if IF there are openings in the league</i></td> <td>\$110</td> </tr> </table> <p align="center">Register online www.kenstoncommunityed.org</p> <p>All-League Practices will begin in October. Monitor the KCE sports page for schedule</p>	Fee until 9/14/17:	\$ 95	Late Fee 9/15/17: <i>Late Registrations will only be accepted if IF there are openings in the league</i>	\$110	<p>Volunteer Coaches Needed!!!</p> <p>*New* KCE is streamlining the coach sign-up process. If you can be a head coach or an assistant coach, please visit the KCE sports page to register!</p> <p align="center">www.kenstoncommunityed.org</p>
Fee until 9/14/17:	\$ 95					
Late Fee 9/15/17: <i>Late Registrations will only be accepted if IF there are openings in the league</i>	\$110					

Player Name _____ Phone _____

Address _____ City _____ Zip _____

Age _____ 2017-18 Grade _____ Birth Date ____/____/____ Height _____

Ability: Beginner Average Above Average

Name of Father: _____ Cell Phone _____

Name of Mother: _____ Cell Phone _____

Primary Contact: Father Mother Other _____

E-mail addresses _____

Emergency Contact _____ Phone _____

Physical Restrictions/Allergies _____

**Release of Liability
 Medical Treatment Consent**

In consideration of the Auburn Bainbridge Recreation Board (AKA: Kenston Community Education; KCE) providing sponsorship and /or providing facilities for this program and /or Kenston Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify KCE and/or the Board and their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by KCE. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's or ward's, personal physician.

Further, in the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and/or my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents or representatives of KCE, and further agree to assume all expenses for said treatment.

Participant Name: _____

Signature of Participant or Minor's Parent/Legal Guardian _____ Date _____

SPONSORS

For your \$200 donation, you will receive your company name/logo on the shirts for your team. Other sponsorship packages are also available!! Contact Sue at the Kenston Community Education office at 440-543-2552 for more information or: **I am interested!**

Please contact me at: Name: _____ **Phone:** _____

Company Name: _____ **Email:** _____