KENSTON COMMUNITY EDUCATION
HIGH SCHOOL
BOYS BASKETBALL REGISTRATION
WINTER 2012

DEADLINE: February 15, 2012

Seasons runs Sundays from February 26 through May 13th

Early Registration fee until 1/26/2012 **$75.00**	Registration $85.00 deadline 2/15/12 afterwards a $15 late fee applies making fees $100 Make checks payable to: Kenston Community Education 17425 Snyder Road Chagrin Falls, Ohio 44023	**Volunteers, check below:** □ I would like to be a head coach. □ I would like to be an assistant coach. Name _____ Email _____

Name _____ Phone _____

Address _____ City _____ Zip _____

Age _____ Grade _____ Birth Date ____/___/____

Ability (Choose one): □ Beginner □ Average □ Above Average Height _____

Name of Father: _____ Home Phone_____ Cell Phone_____

Name of Mother: _____ Home Phone_____ Cell Phone_____

Primary Contact E-mail address _____@_____

Medical Insurance Company _____

Emergency Contact _____ Phone _____
(Other than parent/guardian)
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.

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

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: _____ DOB:_____

Address: _____
Street City Zip

Phone #:_____

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

SPONSORS

Sponsors are needed to help defray the cost of field rental/maintenance, equipment/uniforms. Your donation of $150 will get your company name listed on the back of a team shirt and your logo/company name on the KCE webpage with a hotlink, if available. Contact the Kenston Community Education office at 440-543-2552 for more information or:

I am interested! Please contact me at: Name: _____ **I can be reached at:**_____