



# Anderson Hills Kiwanis

## Kiwanis Basketball Association (KBA)

### Individual Registration: Boys grades 7-12

\*\*\*Players will be assigned to a team and contacted by their coach\*\*\*

Name \_\_\_\_\_ Height (feet and inches) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Ph: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Are you an Anderson resident? YES NO Last year's coach \_\_\_\_\_

**COACHING INFORMATION: Coaches are needed in all areas.**

Would you like to be a coach? YES - Head Coach YES - Assistant Coach NO

If yes, your name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

With whom would you like to coach \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_

Physician's Name \_\_\_\_\_ Ph \_\_\_\_\_

Medical Conditions, allergies, and medications \_\_\_\_\_

**RELEASE OF LIABILITY AND AUTHORIZATION:**

I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Hills Kiwanis activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the Anderson Hills Kiwanis; Anderson Park District (APD); Forest Hills Local School District; Anderson Foundation for Parks and Recreation; and Beech Acres Parenting Center; and their respective Boards, employees, agents, assignees, sponsors, and volunteers from all responsibility in the event of accident or injury associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this APD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

Date \_\_\_\_ Time \_\_\_\_ Rec'd By \_\_\_\_ Total Paid \$ \_\_\_\_ Cash \_\_\_\_ CC \_\_\_\_ Check # \_\_\_\_ Check Name \_\_\_\_ Dep'd By \_\_\_\_ Conf. \_\_\_\_

**PAYMENT INFORMATION:**

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Visa/MC # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_

3 digit security code \_\_\_\_\_ Name on Card \_\_\_\_\_

**Registration**

**Registration Deadline:**  
**November 14, 2017**  
 (\$10 late fee when registering after November 22.)

**Pricing**

Grades 7-8: \$105 per player  
 Grades 9-10: \$105 per player  
 Grades 11-12: \$100 per player

*Fee includes uniform, referee fees, games, practice time, and tournament awards.*

**Complete form and send with payment to:**

**Drop off or mail:**  
 APD, Anderson Parks RecPlex  
 6915 Beechmont Ave.  
 Cincinnati, OH 45230

**Scan and email:**  
 APDReg@AndersonParks.com

**Fax with credit card payment:**  
 (513) 231-4190

**Make checks payable:**  
 Anderson Park District