



KSC Travel Basketball League

Presents:

Travel Basketball Tournaments

- February Vacation Tournament
February 24 - 26, 2012
- St. Patrick's Day Tournament (Girls only)
March 16 - 18, 2012



Cost: \$250 per team (no AAU teams)

\$225 If Paid 30 Days Prior to Tournament Start

3 game guarantee

Championship game in each division

Gender: Boys or Girls Grade: 4th 5th 6th 7th 8th Level: A B C

Tournament Choice: February Vacation St Patrick's Day

Team Name or Town: _____

Coach/ Contact information: Name: _____

Address: _____

Phone: _____ Email: _____

Alternate Contact:

Name: _____ Phone: _____ Email: _____

Mail Checks to: **Kingston Sports Center 30 Independence Road Kingston, Ma. 02364**

Questions? Call 781-582-3900 or email matt@kingstonsportscenter.com

www.KingstonSportsCenter.com



DISCLAIMER FOR KINGSTON SPORTS CENTER REGISTRATION FORMS

Each player must submit signed disclaimer form.

By submitting this registration you understand that any participants attending the programs and using Kingston Sports Center, LLC facilities does so at his/her own risk. Kingston Sports Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless "Kingston Sports Center, LLC", all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Kingston Sports Center, LLC. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Kingston Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize "Kingston Sports Center and its assigns" to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

A Return Check Fee of \$25 will be applied for checks returned by your bank. Note: No Refunds.

Participant's Name: _____ **Grade** _____

Program/Party Attending: _____

Medical Concerns or Allergies: _____

Parent/Guardian Signature _____

Phone # _____ **Email** _____

Town _____ **Date** _____