



## REGISTRATION FORM

Mail this form with payment to: OR Fax registration form to:  
 Kits Sports Center Kits Sports Center  
 325 Surryse Road 847-726-9656  
 Lake Zurich, IL 60047

### REGISTRATION INFORMATION: Winter I 2008 and Winter II 2009

**WINTER I** Registration Deadline: Saturday, October 17

**WINTER II** Registration Deadline: Saturday, December 12  
 Coaches Meeting: Wednesday, December 16; 7:00 PM



**EARLY BIRD DISCOUNT:** Receive 5% off team fee if full team payment is received by October 18, 2009

**TEAM DEPOSIT:** A non-refundable deposit of **\$250** is needed to register any team. If a league does not run, deposit will be refunded. If you cancel your team from the league, no deposit will be refunded.

**PAYMENT BALANCE:** Balance and roster are due before the first game. NO schedules will be distributed until payment and roster are received.

**NSF CHECKS:** A \$15 service charge will be assessed on all returned checks.

**Coach/Participant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Outdoor League:** IWSL NISL YSSL

**City / State / Zip:** \_\_\_\_\_ **Division:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

SESSION: WINTER I or WINTER II	CODE	LEAGUE	TOTAL FEE	PAYMENT RECEIVED

- \* Teams will need to complete the appropriate roster. Rosters can be found on our website or in the facility.
- \* If registering an individual, please read and sign the waiver at the bottom of the page.
- \* **NO TRAVEL PLAYERS ARE ALLOWED TO PLAY IN RECREATIONAL LEAGUES!**

<b>CIRCLE ONE:</b> <b>Cash</b> <b>Check</b> <b>Charge</b> For charges:    VISA    MASTERCARD Cardholder Name: _____ Cardholder Signature: _____ Account Number _____      Expiration Date: _____	Amount of Payment: _____ Make checks payable to KITS SPORTS CENTER
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	By signing the waiver below as an adult participant or as a Parent/Legal Guardian (18+) of a participating child, I certify that myself or my child has permission to participate in athletic activities at Kits Sports Center. I understand and acknowledge that myself or my child may suffer serious injury including but not limited to sprains, fractures, brain damage, paralysis or even death by participating. I fully understand that neither Kits Sports Center nor its agents or employees, nor the owners of the facility take responsibility for injuries sustained within the facility or the area surrounding the facility. I hereby agree to release, indemnify and hold harmless Kits Sports Center, its officers, directors, agents, and employees from and against all claims, causes, suits, loss liability or damages to my child or his/her property arising from, because of, or in connection with participation of myself or my child in Kits Sports Center Activities. This waiver statement is valid for all rostered players 18 years or older. All participants under 18 must receive a Parent/Legal Guardian's signature on this form.
PARENT OR LEGAL GUARDIAN'S SIGNATURE (18+)	DATE