



# REGISTRATION FORM / WAIVER

Visit our Website:  
www.kitssportscenter.com

Mail this form with payment to:  
KITS SPORTS CENTER  
325 Surryse Road  
Lake Zurich, IL 60047

OR

Fax the registration form to:  
KITS SPORTS CENTER  
847-726-9656

**For More Information:  
Call 847-726-9650**

## PROGRAM REGISTRATION INFORMATION

**PROGRAM CONFIRMATION** - We will not send out confirmation notices. Please mark your calendars for starting dates and times. We will do our best to enroll you into your program of choice. We will call only to inform you of alternative choices, or if you're entitled to a refund or if a balance is due.

**REFUND POLICY** - There is a \$10 processing fee assessed for all refunds, unless refund is due to Kits cancellation of a program.

**NSF CHECKS** - A \$15 service charge will be assessed on all checks returned due to insufficient funds.

**TEAM DEPOSIT** - A non-refundable deposit of \$250 is needed to register a team. Payment balance and roster is due the first day of play. No schedules will be distributed until payment is received in full.

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Volunteer Coach (for youth soccer or basketball teams): YES NO

| Participant's/Team Name | Age | Program | Code | Fee | Deposit<br>(for teams only) |
|-------------------------|-----|---------|------|-----|-----------------------------|
|                         |     |         |      |     |                             |
|                         |     |         |      |     |                             |
|                         |     |         |      |     |                             |
|                         |     |         |      |     |                             |
| <b>TOTAL</b>            |     |         |      |     |                             |

\* Teams will need to complete the appropriate roster.  
Call Kits Sports Center for roster.

**SPECIAL NEEDS REGISTRATION**

Name: \_\_\_\_\_

Please indicate special concerns: \_\_\_\_\_

Circle any that apply:

\*Asthma      \*Diabetes      \*Convulsions  
 \*Behavior Disorder      \*Fainting Spells  
 \*Heart Trouble      \*Allergies  
 \*Other : \_\_\_\_\_

Additional Information: \_\_\_\_\_

CIRCLE ONE:    Cash                      Check                      Charge

Amount of Payment: \_\_\_\_\_

Make checks payable to KITS SPORTS CENTER


For Charges:     VISA       MASTERCARD

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

 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.

\_\_\_\_\_ DATE

PARENT OR LEGAL GUARDIAN'S SIGNATURE (18+)