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
You may begin registering at any time after you receive this booklet.
Fall Class Registration Deadline: ……...August 23, 2008

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 $100 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 (for teams only)
			TOTAL		

* 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 responsiblility for injuries sustained within the facility or the area surrounding the facility. I hearby 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 vaild 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