

## Registration for Winter 2019 Futsal Program

sponsored by KASA (Kingdom Alive Sports Association)

Games held at Marion Christian Center, 1550 Richland Road, Marion, Ohio.

Cost: \$60.00 per person. *Parent signature required.*

Registrant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_ Shirt size: Adult \_\_\_\_\_; Youth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Restrictions, Medical or Otherwise: \_\_\_\_\_

Team: \_\_\_\_\_ Coach (name, cell, email): \_\_\_\_\_

Fee (\$60.00) Paid: \_\_\_\_\_ cash; \_\_\_\_\_ check (no. \_\_\_\_\_)

Players are responsible for getting forms & fees turned-in; forms must be as complete as possible. Fees must be paid by Dec. 14<sup>th</sup> so shirts can be ordered. Teams must be co-ed (see informational flier and rules of play for more info). We prefer players register as a team; check with friends and coaches. *KASA will place individually registered players on teams with rosters of 7 or fewer.* KASA reserves the right to reconfigure teams if necessary - to assure co-ed compliance and to bring balance.

**Registrations are due Dec. 1, 2018.**

---

### Permission to Participate and Waiver of Liability & Medical Release

I, the undersigned, hereby hold harmless Kingdom Alive Sports Association and Kingdom Alive Soccer Association (KASA), and waive any and all claims that I, my heirs, and/or assignees may have against KASA, GAP of Marion Ohio, Marion Christian Center and all affiliates, participating teams, organizations, contributors, or any person or entity whatsoever involved with this program, for any personal injuries or property damage that the below named futsal player may sustain or which may arise out of her/his participation in this activity/program. I also assume full responsibility for any damage (personal or property) that she/he may do or cause while participating.

I also warrant and represent that she/he does not have any physical disability, condition, or any other problem/situation, which in any way should prevent her/him from participating in any physical activity associated with KASA. As the legal parent/guardian of the below named futsal player, I do hereby give my permission to have the named player given emergency medical or dental treatment necessitated by injury or illness while participating in KASA sports.

As evidenced by my signature below I hereby release KASA (et al) from any and all liability associated with this futsal program, and grant permission for named player to participate. I further stipulate to agree with the posted Code of Conduct, House Rules, and Rules of Play.

\_\_\_\_\_  
Futsal Player (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature