



Anderson Hills Kiwanis

Kiwanis Basketball Association (KBA)

Individual Registration: Boys grades 7-12

Players will be assigned to a team and contacted by their coach

Name _____ Height (feet and inches) _____
 Birthdate ____/____/____ Grade _____ School _____
 Address/City/State/Zip _____
 Parent/Guardian Name _____
 Ph: Home _____ Cell _____ Email _____
 Are you an Anderson resident? YES NO Last year's coach _____

COACHING INFORMATION: Coaches are needed in all areas.

Would you like to be a coach? YES - Head Coach YES - Assistant Coach NO
 If yes, your name _____
 Email _____
 Phone _____
 With whom would you like to coach _____

EMERGENCY INFORMATION:

Emergency Contact _____ Ph _____
 Physician's Name _____ Ph _____
 Medical Conditions, allergies, and medications _____

RELEASE OF LIABILITY AND AUTHORIZATION:

I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Hills Kiwanis activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the Anderson Hills Kiwanis; Anderson Park District (APD); Forest Hills Local School District; Anderson Foundation for Parks and Recreation; and Beech Acres Parenting Center; and their respective Boards, employees, agents, assignees, sponsors, and volunteers from all responsibility in the event of accident or injury associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this APD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Parent/Guardian Name _____ Signature _____ Date _____

OFFICE USE ONLY:

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Check Name _____ Dep'd By _____ Conf. _____

PAYMENT INFORMATION:

Amount Paid \$ _____ Check # _____ Visa/MC # _____ - _____ - _____ Exp. Date _____
 3 digit security code _____ Name on Card _____

Registration

Deadline:
November 14, 2018
 (\$10 late fee when registering after November 21)

Pricing

Grades 7-8: \$105 per player
 Grades 9-10: \$105 per player
 Grades 11-12: \$100 per player
 Fee includes uniform, referee fees, games, practice time, and tournament awards.

Complete form and send with payment to:

Drop off or mail:
 APD, Anderson Parks RecPlex
 6915 Beechmont Ave.
 Cincinnati, OH 45230

Scan and email:
 APDReg@AndersonParks.com

Fax with credit card payment:
 (513) 231-4190

Make checks payable:
 Anderson Park District