



ANDERSON HILLS KIWANIS



**KIWANIS BASKETBALL ASSOCIATION (KBA)
INDIVIDUAL REGISTRATION: BOYS GRADES 7-12**

**Anderson
Park District**

The Kiwanis Basketball Association's recreational leagues are for boys' grades 7/8, 9/10 and 11/12. League registration is available through the park district and on a first come, first served basis. Leagues may fill before the deadline.

KBA does not accept coach or friend requests. Players are assigned to a team and will be contacted by their coach prior to the start of games.

REGISTRATION

Deadline: November 23, 2020
Details: AndersonParks.com

PRICING

\$115 per player

FEE INCLUDES: uniform, referee fees, game & practice gym time and tournament awards.

Late Fee: registrations processed after the deadline will be charged a \$10 late fee.

PRACTICES & GAMES

- Practices start: 12/4/2020
- Games start: 1/8/2021
- Games played on Fridays (7/8 & 9/10) and Sundays (all grades).

LOCATION:

Anderson Parks RecPlex
6915 Beechmont Avenue, 45230

Season includes eight games and a tournament.



WAYS TO REGISTER:

- ONLINE:** AndersonParks.com/kiwanis-basketball
- SCAN and EMAIL:** APDReg@AndersonParks.com
- FAX:** (513) 388-2494
- MAIL or DROP OFF:** Anderson Park District
Attn: KBA Registration
8249 Clough Pike
Cincinnati, Oh 45244

**REMEMBER
REGISTER
EARLY!**

→ **eTrak online registration system may take up to 48 hours.**

→ **Leagues may fill before the deadline.**

COVID-19 safety guidelines will be enforced in accordance with the Ohio Department of Health's youth sports mandate, Hamilton County Health Department and OHSAA's recommendations. Guidelines will include mask requirements, social distancing and spectator limitations.

If COVID-19 complications disrupt the season, pro-rated refunds will be considered at the sole discretion of the Kiwanis Basketball Association.



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NO COACH/FRIEND REQUESTS

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 _____

Home _____ Cell _____ Email _____

Last year's coach _____

COACHING INFORMATION:

Would you like to be a coach? YES - Head Coach YES - Assistant Coach

If yes, your name _____

Email _____ Phone _____

EMERGENCY INFORMATION

Emergency Contact _____ Ph _____

Medical conditions, allergies, and medications _____

RELEASE OF LIABILITY & 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 releases, holds harmless, and indemnifies: Anderson Hills Kiwanis ("Kiwanis"); Anderson Township Park District dba Anderson Park District ("APD"); Forest Hills Local School District; Anderson Township; and Anderson Foundation for Parks & Recreation; and their respective Boards, employees, agents, assigns, independent service providers, sponsors, and volunteers from all responsibility in the event of accident, injury, or illness associated with participation in this activity. I hereby acknowledge that Kiwanis &/or 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.

By signing this registration, I agree to abide by this activity's COVID-19 participation requirements. I agree to the Kiwanis and the APD's Program Registration Information and Refund Policy. In consideration of my and/or my child's participation in this 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 Kiwanis &/or the APD. Furthermore, I authorize Kiwanis &/or the APD to use my e-mail address to send me Kiwanis &/or 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 this activity for which I am registering myself and/or my child.

Participant (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 _____

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DEADLINE
NOVEMBER 23, 2020

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COMPLETE FORM AND SEND WITH PAYMENT TO:

ONLINE:

AndersonParks.com

MAIL or DROP OFF:

Anderson Park District
Attn: KBA Registration
8249 Clough Pike
Cincinnati, Oh 45244

SCAN and EMAIL

APDReg@AndersonParks.com

FAX with credit card payment:
(513) 388-2494