



# ANDERSON HILLS KIWANIS

## INDIVIDUAL REGISTRATION: BOYS GRADES 7-12



Anderson  
Park District

### 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 \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Last year's coach \_\_\_\_\_

### COACHING INFORMATION:

Would you like to be a coach? YES

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/Discover/AmEx # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Name on Card \_\_\_\_\_

### REGISTRATION

**DEADLINE:**  
**NOVEMBER 20, 2023**

### PRICING

**\$125 per player**

**FEE INCLUDES:**  
uniform, referee fees,  
gym time and  
tournament awards.

**COMPLETE FORM AND  
SEND WITH PAYMENT TO:**

**ONLINE:**  
AndersonParks.com

**MAIL or DROP OFF:**  
Anderson Parks RecPlex  
Attn: KBA Registration  
6915 Beechmont Avenue  
Cincinnati, OH 45230

**SCAN and EMAIL**  
APDReg@AndersonParks.com