

KINGSTON SPORTS CENTER



2017 Men's Summer League Registration Form

Team Name: _____

Contact person/Captain: _____

Phone #: _____

Email: _____

Roster:	Name	Jersey Number	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

- League will run from June 25th through August 20th
- Games will be played on Sunday Nights from 6-10:00pm (8 reg. season games + playoffs)
- Rosters with shirt sizes must be completed by June 12th
- League fee is \$650 per team. Half due with registration form and other half by week 3
- Credit Card # must be on file with registration unless team fee is paid in full
- League shirts are included in the registration fee. Up to 10 shirts per team, any additional shirt is \$10.
- 2 certified officials/1 scorekeeper per game.
- Players must play in 5 of 8 regular season games to be eligible for playoffs.
- Each player must submit signed disclaimer form.
- Please read and print a copy of our rules on the website: www.KingstonSportsCenter.com

Checks made payable to: Kingston Sports Center 30 Independence Rd. Kingston Ma 02364
Any questions? Contact Ryan Terp, 781-582-3900 ext. 12 or ryant@kingstonsportscenter.com

Credit Cardholders Name: _____

Credit Card Number: _____ **Expiration:** _____

DISCLAIMER FOR KINGSTON SPORTS CENTER REGISTRATION FORMS

By submitting this registration you understand that any participants attending the programs and using Kingston Sports Center, LLC facilities does so at his/her own risk. Kingston Sports Center and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless "Kingston Sports Center, LLC", all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Kingston Sports Center, LLC. Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at Kingston Sports Center to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize "Kingston Sports Center and its assigns" to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

\$35 return check fee. No refunds.

Participant's Name: _____

Medical Concerns or Allergies: _____

Signature _____

Phone # _____ **Email** _____

Date _____