



To register for our programs, please register in person at:  
 10094 Investment Way, Florence, KY 41042 or from our web site at:  
[www.sportsofallsortsky.com](http://www.sportsofallsortsky.com)  
 Our Hours are 9 a.m. to 9 p.m.  
 Phone: (859) 372-7754 or (859) 760-7466  
 Email: [director.soas@insightbb.com](mailto:director.soas@insightbb.com)

**LEAGUE Registrations**

Sport: \* ( ) Basketball

\* ( ) Volleyball

( ) Bowling

\* ( ) Soccer

\* ( ) Flag Football

Division: \_\_\_\_\_

Class Time: \_\_\_\_\_

**Learn to Play Program Registrations**

Class: ( ) "Lil Hoopstars" Basketball

( ) "Lil Striker" Soccer

( ) \_\_\_\_\_

**NO REFUNDS**

\* \$3.00 Admission per person will be charged for each game For Volleyball, Cheerleading, & Recreational Basketball. Under 18 Free\*  
 SEASON PASSES AVAILABLE FOR PURCHASE

\* \$3.00 Admission per adult, \$1.00 per child will be charged for each game for Indoor Soccer & Flag Football,  
 NO SEASON PASSES AVAILABLE

League: ( ) Boys ( ) Girls ( ) Co-ed ((Coed applies to Weekend Rec. Soccer (all divisions) and Rec. Basketball))

Information about participant: (Please Print Clearly)

Skill Level of this Player? UPPER \_\_\_\_\_ MIDDLE \_\_\_\_\_ LOWER \_\_\_\_\_ (CHECK ONE)

Participant Last Name \_\_\_\_\_ Participant First Name \_\_\_\_\_ ( ) Male ( ) Female

Phone Number \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name: \_\_\_\_\_

Coach / Player Requested: \_\_\_\_\_  
 (Circle One if Requesting)

Shirt Size: ( ) Youth Small ( ) Youth Medium ( ) Youth Large ( ) Adult Small ( ) Adult Medium ( ) Adult Large ( ) Adult X-Large ( ) Adult XX-Large

Email Address: \_\_\_\_\_  
 (Please Print Clearly)

**WAIVER/EXCLUSION CLAUSE (please read carefully and sign below)**

I, the parent/guardian/participant, in consideration of being allowed to participate in any way do so at his/her/my own risk. Sports of All Sorts, its board of directors, staff and agents, shall not be liable for any damages whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about any programs provided by Sports of All Sorts. I acknowledge that I am aware of the risks inherent in participating in such programs and understand that they may require physical exertion; and could potentially lead to injuries that may cause permanent disability and/or death. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs and on any premises that Sports of All Sorts uses. He/she/I do or does hereby fully and forever release, discharge and hold harmless Sports of All Sorts, all associated facilities and its owners, employees and agents from any and all claims, demands, damages, right of action, present or future resulting from or arising out of any person's participation in any programs. Also, waiver all rights to any photos taken for use in any Sports of All Sorts publication.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Administration Use Only**

Accepted by: \_\_\_\_\_ Paid By: Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Credit/Debit: \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \_\_\_\_\_

For REFUND information, visit our web site at [www.sportsofallsortsky.com](http://www.sportsofallsortsky.com) under Policies / REFUND