



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
 Our Hours are 9 a.m. to 9 p.m.
 Phone: (859) 760-7466
 Email: director.soas@twc.com

LEAGUE Registrations

- Sport: * Basketball
 *(Volleyball
 Bowling

Division:

Class Time:

"The Academy" Class Registrations

- Class: "Lil Hoopstars" Basketball
 Basketball Skills
 Volleyball Skills

NO REFUNDS

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

League: Boys Girls Co-ed ((Coed league only applies to REC Basketball Options))

Information about participant: (Please Print Clearly)

Select League Type desired for this player. ELITE _____ DEVELOPMENTAL _____ (CHECK ONE)

		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Participant Last Name	Participant First Name			
Phone Number	School	Date of Birth	Current Age	
Street Address	City	State	Zip Code	
Mother's Name	Father's Name:			

Email Address _____

Coach / Player Requested: _____
 (Circle One if Requesting)

	----- Y O U T H S I Z E S -----	----- A D U L T S I Z E S -----	
Shirt Size:	() Youth Small	() Youth Medium	() Youth Large
	() Adult Small	() Adult Medium	() Adult Large
		() Adult X-Large	() Adult XX-Large

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 under Policies / REFUND