ANDERSON HILLS KIWANIS

INDIVIDUAL REGISTRATION: BOYS GRADES 7-12

Anderson Park District

Name_____Height (feet and inches)_____

Birthdate_____/_____/_____Grade_____School_____

Address_____

City_____State_____Zip_____

Parent/Guardian Name_____

Parent Phone _____ Parent Email_____

High School Players only:
Player Phone _____ Player Email_____

Last year's KBA coach_____ Shirt Size *(circle one)* AS AM AL AXL

Coach/Friend Placement request: _____

Players will be assigned to a team and contacted by their coach.

COACHING INFORMATION:

Would you like to be a coach? YES

If yes, your name_____

Email_____ Phone_____

EMERGENCY INFORMATION

Emergency Contact _____ Phone_____

Medical conditions, allergies, and medications_____

REGISTRATION

DEADLINE: NOVEMBER 23, 2026

PRICING

$135 per player

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

COMPLETE FORM AND SEND WITH PAYMENT TO:

ONLINE:
AndersonParks.com

SCAN and EMAIL:
APDReg@AndersonParks.com

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

Checks payable to:
Anderson Park District

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 health and safety 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_____