



2008/09 MEGA Basketball

	<u>Session 1</u>	<u>Session 2</u>
Registration and Fee due by:	Sept 3rd	Nov. 26th
League begins:	Oct 17th	Jan. 6th



Return Registrations to: SportZone 3909 SW Burlingame Rd, Topeka, KS 66609
 Refund Fee of \$20 will be charged. \$20 fee on all returned checks.

No refunds after the league begins.

Contact SportZone: 267-4658 fax- 267-4597 www.isportzone.com

****\$10 LATE FEE AFTER EACH SESSIONS DUE DATES****

This is your application for the 2008/09 MEGA Basketball! Games will be played Tuesday and Fridays nights. The goals of MEGA sports are to emphasize good sportsmanship, quality instruction, and a relaxed atmosphere.

The basketball league is open to boys and girls grades kindergarten (K) through fifth (5). Divisions will be co-rec unless enough teams exist to have a boys and girls division. Teams will be divided into K/1st, 2nd/3rd, and 4th/5th age groups. Players will be placed on rosters only when his or her application and fee have been received by the office. Please send team and preferred teammate applications in together to ensure placement together. There is a **\$1 admission fee per adult** to games. As usual volunteer coaches are necessary for the league to be a success. This year the each session will expand from a 6 game season to an 8 game season with no additional costs.

Last Name _____ First Name _____

M/F _____ Age _____ Date of Birth ____/____/____ Grade- **K** **1** **2** **3** **4** **5**

Address _____ City _____ Zip _____

Parents' Names _____ School _____

Home Phone _____ Work Phone _____ Cell Phone _____

Preferred Teammate _____ Preferred Coach _____

Email Address _____ ****Parents interested in Coaching Y ___ N ___

League (please check one) **\$10 LATE FEE FOR ALL REGISTRATIONS RECEIVED AFTER THE DEADLINE**

___ **MEGA Basketball 1st Session** **\$60**

___ **MEGA Basketball 2nd Session** **\$60**

Shirt size: (please circle preference) **Y/S** **Y/M** **Y/L** **A/S** **A/M** **A/L**

******COACHES MUST SUBMIT A COACHES APPLICATION BEFORE THE DEADLINE******

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand medical insurance is not provided with NKFL programs. I release the NKFL from any and all liability whatsoever resulting from participation in NKFL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release the SportZone and NKFL, it's staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that no refunds will be applied within two weeks of the beginning date of a program. I understand behavior resulting in removal from a program does not constitute refund criteria. I understand that refunds, when applied, will have a \$20 administrative fee assessed. I understand that if equipment is issued in conjunction with any program, failure to return said equipment within 2 weeks of the end of the program will result in legal action. I understand that any photographs, medals, awards trophies, etc., associated with programs may be held for 30 days after the end on the activities at which time, if not claimed, will be disposed of. I understand returned checks will be accessed a \$20 processing fee. I understand that photographs of all SportZone, NKFL, MEGA, Shunga activities and activities conducted by leased tenants will be taken and may be used for brochures, promotions and advertising without permission.

I acknowledge all information and waivers contained herein.

Parent/Guardian Signature _____ Date _____

