



# 2015 WNSL Winter Basketball Registration

**Deadline: November 1**



Player Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Player's Gender: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_\_ Age on Jan. 1, 2015: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ School: \_\_\_\_\_

What Area of Town Do You Live in? (i.e. Green Hills, Bellevue) \_\_\_\_\_

Coach Preference (Full Name): \_\_\_\_\_

Is Your Player Listed on the Roster This Coach Will Submit to the League? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

List Any Teammate Requests Here: \_\_\_\_\_

Years playing organized basketball? \_\_\_\_\_ Preferred Competition Level? Recreational Middle Level Competitive

Circle Preferred Jersey Size (If you are in between sizes, order up. Sizes will be normal, not small like last year's:

YS(6-8) YM(10-12) YL(14-16) AS(30-32) AM (34-36) AL (36-38) AXL(40-42)

Circle Preferred Shorts Size (Youth inseam is 7" / Adults 9"):

YS(6-8) YM(10-12) YL(14-16) AS(30-32) AM (34-36) AL (36-38) AXL(40-42)

### Basketball Clinic Registration (\$15 each):

Circle the dates of WNSL clinics this player will attend: November 15 November 22 December 6 December 13

### Volunteer Information:

I am willing to volunteer in this league as a: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

Contact information if different from above (Name, E-Mail, etc.): \_\_\_\_\_

### Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the WNSL Winter Basketball Program. I assume all risk and hazards incidental to the conduct of this program. I hereby authorize the WNSL to obtain medical treatment for my child if the parent(s) cannot be reached.
2. I support the WNSL philosophy based on character development, participation, fun, skill development, teamwork, fair play, family involvement and growth in spirit, mind & body.
3. I will read and follow the WNSL's code of conduct online at [www.wnsl.org](http://www.wnsl.org)
4. I understand the league fee covers a variety of items for the regular season only. Tournaments are additional.
5. I acknowledge that if I choose to withdraw my child from the league there will be no refunds and the fee can e transferred to another sport. After November 7, NO transfer of fees will be allowed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### League Fees if Registering By Mail:

Pre-K through 1<sup>st</sup> Grade --- \$110 per player until November 1

Total Amount Enclosed: \$ \_\_\_\_\_

2<sup>nd</sup> Grade through 9<sup>th</sup> Grade --- \$125 per player until November 1

Optional Basketball Clinics --- \$15 each

Check Number: \_\_\_\_\_

Players registered after November 1 --- Add \$20 per player

To complete your registration, please mail this form along with a check for the correct amount listed above (plus clinic and/or sponsorship if you selected those options) to:

**WNSL, P.O. Box 50710, Nashville, TN 37205**

