



2025 WNSL Fall Basketball Deadline: September 22nd



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: ____ Player's Date of Birth: _____ Age on Jan. 1, 2026: _____

Street Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____

Grade for '25/'26 School Year: _____ Phone: (H) _____ (C) _____

School: _____ Coach Preference (Full Name): _____

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

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.)

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

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 Fall 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
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 without a Doctors excuse, there will be NO refunds and the fee can be transferred to another sport. After May 1, NO refunds or transfer of fees will be allowed.

Signature of Parent/Guardian: _____

League Fees if Registering By Mail:

K – 1st Grade \$150 per player

Check Number: _____

2nd- 12th Grade - \$170 per player

Total Amount Enclosed: \$ _____

To complete your registration, please mail this form along with a check for the correct amount listed above to:

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