



2022 WNSL Summer Basketball Individual Registration Deadline: May 4



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Age on Jan. 1, 2022: _____

Street Address: _____ City: _____ Zip Code: _____

E---Mail Address: _____

Rising grade for '22/'23 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? Rec. Mid. 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)

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)

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 Summer 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, team work, 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: _____ Date: _____

League Fees if Registering By Mail:

1st through 2nd Grade ----- \$135 per player Amount Included _____

3rd Grade through 12th Grade ----- \$155 per player Check Number _____

Add \$10 for completing a paper registration.

Mail Completed Registration to: West Nashville Sports League, PO Box 50710, Nashville, TN 37205

