INMAN RECREATION COMMISSION

2022-23 Youth Basketball Registration Form

Registration Deadline: October 21st, 2022

Youth Basketball Leagues

FEES: $48.00

2nd grade league is through Hutchinson Rec (Games Beginning in January)

☐ *2nd grade girls*
☐ *2nd grade boys*

3rd-6th grade league is through Mid-Kansas League (Games begin in December)

☐ *3rd grade girls*
☐ *3rd grade boys*

☐ *4th grade girls*
☐ *4th grade boys*

☐ *5th grade girls*
☐ *5th grade boys*

☐ *6th grade girls*
☐ *6th grade boys*

PLAYER'S NAME: _____ AGE: ____ GRADE: ____DOB:_____

JERSEY SIZE: YOUTH XS YOUTH SMALL YOUTH MEDIUM YOUTH LARGE

ADULT SMALL ADULT MEDIUM ADULT LARGE ADULT XL

PARENT'S NAME(S): _____

PRIMARY PHONE: _____ E-MAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ARE THERE ANY ALLERGIES OR MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

YES NO If yes, explain_____

_____

I WOULD BE WILLING TO COACH: ***YES*** ***NO***

IF YES, NAME: _____ PHONE: _____

E-MAIL: _____ COACH SHIRT SIZE: SMALL MEDIUM LARGE XL XXL

☐ A coach's shirt is not needed.

CONSENT: I hereby give my full permission to my (son/daughter) to play in the Inman Recreation Commission/Mid-Kansas League. I agree to assume full responsibility in case of accident or injury while (he/she) is playing, traveling to or from the scheduled area, or representing (his/her) team in any manner, and do further hereby release and hold forever harmless the Inman Recreation Commission/Mid-Kansas League, its agents and employees, from any liability for any personal injuries, including death or property damage, which may be incurred by my child while playing, traveling to or from the scheduled area, or representing the team in any manner, including but not limited to any claim alleging that the injury or damage was caused by defective equipment owned or furnished by the Inman Recreation Commission, by defects or obstructions on real property owned by the Inman Recreation Commission, or by negligence in the supervision of my child or others. It is the responsibility of each parent/guardian to check their child's insurance for athletic injuries.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

For office use only: ☐Check ☐Cash ☐Credit Card
Check #: _____ Paid on: _____
Credit Card #: _____ CVV_____ Exp _____

PLEASE BRING FORM AND PAYMENT TO:

Inman Recreation Commission
404 South Main, PO Box 366
Inman, KS 67546