



Youth Basketball Enrollment Form



*Please return this form by October 16 with the registration fees to the WRC, 624 College.
Online registration available at www.winfieldrec.com*

Participant Name:		Grade (2025-26 School Year):	
Birthdate:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:
E-mail Address:			
Parent/Guardian Contact:		Phone:	
Sibling name in same age group:			
League/Division Playing In: (Grade child is in during the 2025-26 School Year)			
(Please Check One) <input type="checkbox"/> 1 st -2 nd Boys <input type="checkbox"/> 3 rd -4 th Boys <input type="checkbox"/> 5 th -6 th Boys			
<input type="checkbox"/> 1 st -2 nd Girls <input type="checkbox"/> 3 rd -4 th Girls <input type="checkbox"/> 5 th -6 th Girls			
T-Shirt Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL (Circle One)			
Skill Level: 1 2 3 4 5 (Circle One) (Advanced) (Very Skilled) (Average) (Low Skilled) (Beginner)			
Head Coach:			
Phone:			
E-Mail:			
T-Shirt Size:			
Assistant Coach:			
Phone:			
E-Mail:			
T-Shirt Size:			
PARENT CONSENT AND RELEASE			
I, the undersigned, hereby consent to my child enrolling and participating in the above Winfield Recreation Commission Youth Program. I also am aware that there are physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless this organization from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to my child.			
Parent and/or Legal Guardian _____		Date ____ / ____ / 2025	

