

RECREATIONAL LEAGUE

**DEADLINE: October 22nd**

Make checks payable to: **Jr. Kaws Basketball**

Pay online: [www.jrkaws.com](http://www.jrkaws.com)

Please Mail registration forms to:

Jessica Zullig – PO Box 53 Perry, KS 66073

Or return to school office

Games will be played on Saturdays beginning January 11th, for 6 weeks. K-2 Games start at 9am; 3rd-6th Games start at 12:00pm (unless otherwise notified).

**Registration Fees**

**K 35.00 (Kindergartners will be co-ed)**

**1-2 35.00 (girls/boys)**

**3-6 45.00 (3-4 girls/boys, 5-6 girls/boys)**

**PLEASE PRINT LEGIBLY**

Athletes’ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_M / F\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size (Please circle one) Y-Sm Y- M Y-L Adult S Adult M Adult L Adult XL

**\_\_\_ I am interested in helping Coach my son's/daughter's basketball team.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Shirt Size\_\_\_\_\_\_\_\_\_\_

My signature acknowledges I am the parent or legal guardian of the above-listed minor. I understand medical insurance is not provided by the Jr. Kaws Basketball program. I release Jr. Kaws and USD 343 from any and all liability whatsoever resulting from participation in Jr. Kaws’ activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention. I hereby waive and release Jr. Kaws, staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities.

I acknowledge all information and waivers contained herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of parent / guardian) \*does not have to be notarized

\*PLEASE RETURN BY 10/22 DEADLINE**\***

Questions? Call or text me!

Jessi Zullig 785-340-5723

jrkawsbb@gmail.com