



2025 WNSL Winter Basketball Registration



Deadline: December 5th (ALL Grades)

Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Age on Jan. 1, 2025: _____

Street Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Grade: _____

Phone: (H) _____ (C) _____ School: _____

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

Coach Preference (Full Name): _____

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)

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 Winter 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 November 8 or December 6, NO refunds or transfer of fees will be allowed.

Signature of Parent/Guardian: _____ Date: _____

League Fees if Registering By Mail:

Pre-K through 1st Grade --- \$160 per player

Total Amount Enclosed: \$ _____

2nd Grade through 12th Grade - -\$180 per player

Check Number: _____

Add \$10 for completing a paper registration.

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

