



El Dorado Recreation



YOUTH BASKETBALL

*** Member of the Walnut Valley Basketball League ***

The El Dorado Recreation Youth Basketball Program is a member of the Walnut Valley Basketball League. This recreational league has separate divisions for boys & girls in 3rd/4th and 5th/6th grades. Teams play games in El Dorado as well as other surrounding communities in Butler County, so participation requires a commitment from parents to travel. Practices begin mid-November with games played on Saturdays starting in early January. Registration fee provides a reversible team jersey for each player to use as well as a participation award.

REGISTRATION FEE

\$30 In-Town
\$40 Out-of-Town

**** DEADLINE ****

November 4th

AGE DIVISIONS

3rd/4th Boys
3rd/4th Girls
5th/6th Boys
5th/6th Girls

***** VOLUNTEER COACHES NEEDED *****

Volunteer Coaches are needed to run this program. If you or someone you know would like an opportunity to be a positive influence on kids, please complete the Coaching Information Section at the bottom of this page. Without the leadership & support of volunteer coaches, players may not have an opportunity to participate in this recreational basketball program.

For more information, please contact
El Dorado Recreation, 220 E. First, (316) 321-9100

Scholarships available to those who qualify.

2016-17 WVL Youth Basketball Registration Form

Name _____ Grade _____
 Address _____ Age _____
 City _____ Zip _____
 School _____ Birthday ____ - ____ - ____
 Cell Phone _____ Work Phone _____
 Parents' Name _____ Email _____
 Please Circle: GIRL BOY
 Jersey Size: Youth YS YM YL Adult AS AM AL AXL

As a condition to participate in the program listed above, sponsored by the City of El Dorado & the Walnut Valley Basketball League, I knowingly & voluntarily assume any & all risks inherent to participation. I, further, waive any rights or claim against the City of El Dorado, the Walnut Valley Basketball League, its officials, officers, and employees to include, but not limited to bodily injury, property damage, &/or loss, or personal loss, sustained as a result of participation. Also, if medical attention is required, I give my permission for such medical care. I, further, agree to adhere to & follow the City of El Dorado Recreation Sportsmanship standards & guidelines. Finally, I give the El Dorado Recreation Dept. my permission to use photographs or video of the above named participant in its promotional/educational materials. I have read the participant waiver & I understand that a signature is required in order to participate in this program.

Parent/Guardian Signature

VOLUNTEER COACHES: If you or your spouse are interested in coaching, or if you know someone who is, please complete this section.

Name _____ Daytime Phone _____

Coaches must protect their own child & have the option of protecting (2) additional players.

(1) _____ (2) _____ (3) _____

WIN2016-17 WVL Youth Basketball

For office use only:
 Cash Check # _____
 Paid in Full Date Received: _____
 Participant's Name _____ Amount Paid \$ _____
 Paid by _____ VISA MC DISC