

2012 TWIN RIVERS LEAGUE BASEBALL/SOFTBALL

KINGMAN-NORWICH RECREATION COMMISSION
111 S. MAIN, KINGMAN, KS 67068 620/532-2761
DIRECTOR- BRANDON DAVIDSON

Towns in
Twin Rivers League
Andale
Cheney
Colwich
Garden Plain
Kingman
Mt. Hope
Norwich
Pretty Prairie
St. Mark's



Mission Statement:

To enhance the mental and physical health, happiness, well being, and quality of life of all those residing in and around USD 331 through quality social, educational, and recreational activities.

Deadline: 3/23/12: \$30.00

Last Day of Entries: 3/30/12 Fee: \$40.00

*Last Day of Entries is the last day that your signup will guarantee a spot on a team..

\$30.00: Girls Fast Pitch

Circle correct league

3rd/4th Grade

5th/6th Grade

7th/8th/9th Grade

Grade in 2011-2012 School Year

\$30.00: Boys Baseball

Circle correct league

3rd/4th Grade

5th/6th Grade

7th/8th/9th Grade

Grade in 2011-2012 School Year

Name: _____

Sex (circle one): M F Current Grade Level: _____

Age: _____ Date of birth: _____

League: _____

Circle shirt size: YM YL AS AM AL AXL

Deadline: 3/23/12: \$30.00

Last Day of Entries: 3/30/12: Fee: \$40.00

Subject to availability.

Coaches meeting scheduled for April 2 for girls and April 3 for boys. Coaches that are selected will be contacted with times. Players will be contacted by the coaches after the teams have been drawn.

Waiver Statement The undersigned states that he/she understands that the Kingman-Norwich Recreation Commission (KNRC) is not and shall not be responsible for or liable for any illness, injury to person, or damage to property resulting from the program in which the undersigned is enrolling or from his/her participating in said program, and the undersigned hereby forever releases and holds harmless KNRC from any and all claims of any kind that the undersigned or his/her heirs, executors, administrators, or assigns may have or claim to have resulting in any way from his/her participation in said program. I have read and understand the waiver statement and give permission for participant named above to participate in the KNRC program stated above.

Please print name(s) of Legal Guardian(s): _____

Signature of Legal Guardian(s): _____ Date _____

Address: _____

Home Phone#: _____ Work Phone #: _____ Cell Phone #: _____

Email address: _____

Participant's pertinent medical information: _____

The KNRC reserves the right to produce photos/video of its activities and participants and use them for promotional reasons.

E-mail: rec@knrc.kscoxmail.com KNRC Website: knrec.org

Registration Drop Box Available at
South Armory Entrance

Parents:(circle one)

Coach: Yes No

Umpire: Yes No

KNRC COACH SELECTION PROCESS:

All names signed up to coach will be put into hat and drawn out after the "Last Day for Entries" i.e. If we need 2 coaches and 3 people signed up to coach, the first 2 drawn out of the hat will be the coaches.