

KRC

KINGMAN RECREATION COMMISSION

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2025

1st-2nd Grade

BASKETBALL CLINIC

FEE: \$30/player (Fee includes a Basketball & T-shirt)

Deadline: Wednesday, October 29, 2025

Dates: Wednesdays, November 5th—December 17th

Time: 6:00 - 7:30 pm

Location: KES

Return Registrations To:

KRC OFFICE, 131 West A Avenue, or
KRC DROP BOX @ Northwest corner of KRC Building, or
REGISTER ONLINE @ knrec.org
(620) 532-2761/knrec.office@gmail.com

NAME: _____ GRADE: _____ AGE: _____

GENDER: M F SHIRT SIZE: XS YS YM YL AS AM

WAIVER STATEMENT

The undersigned states that he/she understands that the Kingman Recreation Commission, (KRC), is not 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 the KRC and all its staff and personnel 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 participants named above to participate in the KRC youth basketball clinic stated above.

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Phone:(C) _____

Complete Address: _____ Emergency # _____