

# KRC

KINGMAN RECREATION COMMISSION

# 2026

## 3rd-6th Grade

Visit us at [www.knrec.org](http://www.knrec.org)

Like us on Facebook for updates

# YOUTH BASKETBALL

**FEE: \$25/player**

**Deadline: Friday, November 7, 2025**

Mark the box next to the appropriate Division:

**Girls**

**Boys**

☐ 3rd/4th Grade

☐ 3rd/4th Grade

☐ 5th/6th Grade

☐ 5th/6th Grade

**SEASON DATES:**

Saturdays in the month of January. Tournament second weekend of February. All dates are subject to change.

League

Anthony  
Argonia  
Attica  
Conway  
Springs

Harper  
Kingman  
Kiowa  
Medicine  
Lodge  
Norwich

**Return Registrations To:**

KRC OFFICE, 131 West A Avenue, or

KRC DROP BOX @ Northwest corner of KRC Building, or

REGISTER ONLINE @ [knrec.org](http://knrec.org)

(620) 532-2761/[knrec.office@gmail.com](mailto:knrec.office@gmail.com)

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

GENDER: M F SHIRT SIZE: YS YM YL AS AM AL AXL

\*Shirt size is used to get close on jersey size. They do not get a t-shirt.

(All jerseys must be returned to the coach or KRC office)

\*YES I WOULD LIKE TO BE: (circle one) Head Coach Asst. Coach Neither

**WAIVER STATEMENT**

The undersigned states that he/she understands that the Kingman Recreation Commission, (KRC) and the Little Sunflower League Towns and Officials, are 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 Little Sunflower 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 / Little Sunflower Youth Basketball League stated above.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Phone:(C) \_\_\_\_\_

Complete Address: \_\_\_\_\_ Emergency # \_\_\_\_\_

L  
I  
T  
T  
L  
E  
  
S  
U  
N  
F  
L  
O  
W  
E  
R  
  
L  
E  
A  
G  
U  
E