



**2024 WNSL Summer Basketball  
Individual Registration  
Deadline: April 29**



Player Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Player's Gender: \_\_\_\_\_ Player's Date of Birth: \_\_\_\_\_ Age on Jan. 1, 2024: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E---Mail Address: \_\_\_\_\_

Rising grade for '24/'25 School Year: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

School: \_\_\_\_\_ Coach Preference (Full Name): \_\_\_\_\_

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

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? Rec. Mid. 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)

**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 Summer 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](http://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 May 1, NO refunds or transfer of fees will be allowed.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**League Fees if Registering By Mail:**

1st through 2nd Grade ----- \$150 per player Amount Included \_\_\_\_\_

3rd Grade through 12th Grade ----- \$170 per player Check Number \_\_\_\_\_

Add \$10 for completing a paper registration.

**Mail Completed Registration to: West Nashville Sports League, PO Box 50710, Nashville, TN 37205**