

# 2026 Little Sunflower League 1st through 9th Grade Baseball/Softball

Towns in  
Little Sunflower League

Anthony  
Argonia  
Attica  
Conway Springs  
Cunningham  
Harper  
Kingman

Kiowa  
Medicine Lodge  
Norwich



**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: 3/20/26**

**Fee: \$35.00**

**NO REGISTRATIONS ACCEPTED AFTER DEADLINE DATE**

**\$35.00: GIRLS Fast Pitch**

Mark the box next to the appropriate League

- 1st/2nd Grade (Coach Pitch)
- 3rd/4th Grade
- 5th/6th Grade
- 7th/9th Grade\* Twin Rivers League\*

**Grade in 2025-2026 School Year**

**\$35.00: BOYS Baseball**

Mark the box next to the appropriate League

- 1st/2nd Grade (Pitch Machine)
- 3rd/4th Grade
- 5th/6th Grade
- 7th/9th Grade\* Twin Rivers League\*

**Grade in 2025-2026 School Year**

Name: \_\_\_\_\_

Sex (circle one): M F Grade Level: (2025-26) \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Circle shirt size:** YS YM YL AS AM AL AXL

**Deadline: 3/20/26**

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**Fee: \$35.00**

PARENTS:  HEAD COACH  
Check one:  ASST. COACH  
 NEITHER

**KRC COACH SELECTION PROCESS:**

All names signed up to coach will be put into hat and drawn. 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.

**Coaches that are selected will be contacted with meeting 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 Recreation Commission (KRC) 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 KRC 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 KRC 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 KRC reserves the right to produce photos/video of its activities and participants and use them for promotional reasons. If you have any concerns please contact the Director personally.

E-mail: [knrec.office@gmail.com](mailto:knrec.office@gmail.com) KRC Website: [knrec.org](http://knrec.org)

**Return forms to KRC Office, 131 West A Ave. , OR use our Drop Box located at NW corner of KRC building, OR Register online at [www.knrec.org](http://www.knrec.org)**