

2026 Summer Co-ed T-ball

Please fill in EVERY blank on this Registration form.



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: 4/10/26

FEE: \$30.00

NO REGISTRATIONS ACCEPTED AFTER DEADLINE DATE

Co-ed T-ball (Either Currently Kindergarten 2025-2026 or entering Kindergarten for 2026-2027 School Year)

Name: _____

Sex (circle one): M F

Grade level (2025-26): _____ Grade level (2026-27): _____

Circle shirt size: XS YS YM YL AS AM

Deadline: 4/10/26

NO REGISTRATIONS ACCEPTED AFTER DEADLINE DATE

Parents: (check one)

Head Coach _____

Asst. Coach _____

Neither _____

******* Tball games will be played in the month of June.**

Please return fliers to the KRC office, 131 W. A Avenue. Drop Box available at the NW corner of the building. OR Register online at www.knrec.org.

NOTICE: Teams in these divisions are selected by KRC staff. Coaches will be notified about a rules meeting in which they will receive their roster and rules. The coaches will then contact the players.

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 of Legal Guardian(s): _____

Signature of Legal Guardian(s): _____ Date _____

Address: _____

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

Email address: _____

Participant's pertinent medical information: _____

*Kingman Recreation Commission reserves the right to take photos/videos of all programs and participants and use them for advertisement/promotion. If you have any concerns please contact the Director at 620-532-2761

E-mail: knrec.office@gmail.com

KRC Website: knrec.org

Join us on FACEBOOK