

Kremmling Youth Sports Registration Form

Program Registering For: Basketball Volleyball

Child's Name _____ Male or Female _____

Grade _____ Shirt Size _____

Parent/Guardian _____

Email _____ Phone # _____

I am willing to Coach

Be an official

Help with Timing/scorekeeping

Please return by email to rgamblin@middleparkhealth.org or to Middle Park Health Wellness Center

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For office use only

\$ 20 Cash fee Waiver