



2025 – 2026 Kingwood Township Basketball League Registration for Boys & Girls Grades K to 8

Mail To

Kingwood Township Basketball League
Po Box 172, Baptistown, NJ 08803
www.leaguelineup.com/kble

APPLICATIONS DUE BY October 20, 2025

*****MAKES CHECKS PAYABLE TO KTBLE*****

Season Runs Approximately From November 1, 2025 to March 14, 2026

Place Each Child On A Separate Form

Registration Fees

Get sponsors and discount your application fee

10% off for 1 sponsor

25% off for 2 Sponsors

50% off for 3 Sponsors

75% off for 4 Sponsors

Free if you bring in 5 Sponsors

Kindergarten & Special Needs ☐ \$60.00 1hr/week no games

1st & 2nd ☐ Oldest Child \$100.00 Younger Additional \$ 80.00

3rd thru 8th ☐ Oldest Child \$125.00 Younger Additional \$ 105.00

**\$40.00 ☐ Late Fee For each child Applications Received After
November 1st, 2025**

%Discount for Sponsorship ☐

Because of limited gym time not all late applications may be accepted.

Contact Brian Chmill @ (908) 200-8091 or Erin Chmill (908) 391-5704

If you would like to Volunteer

Please check the Appropriate Volunteer Opportunity

Please State Name of Volunteer & Phone #

☐ Coach _____
☐ Assistant Coach _____
☐ Scheduling _____
☐ Equipment _____
☐ Referee _____
☐ Team Parent / Concession _____
☐ League Administration _____
☐ Website Administrator _____

Players Name _____ Grade ☐ Birth Date ☐ / ☐ / ☐ AGE ☐ Male/Female ☐

Parent's Name _____ Municipality _____

Address _____ Phone _____

City _____ State ☐ Zip code _____ e-mail _____

PD \$ _____ with Check # _____

Shirt size

******* You Must Check A Shirt Size No Extra Shirts Will Be Ordered*******

Child Player Sizes ☐ Small 6/8 ☐ Medium 10/12 ☐ Large 14/16

Adult Player Sizes ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Medical Release

I understand that Basketball is a contact sport and that my child may be injured. I assume that risk and want my child to play. In case of a medical emergency I authorize the coaches and league officials to seek emergency medical treatment for my child and authorize the emergency personal and/or the attending physicians to treat my child.

Waiver & Release

I give my permission for my child to play in practices, games and other activities sanctioned by the Kingwood Township Basketball League. I certify that he/she is physically fit to participate in the sport of Basketball and that my child has no physical problems that would inhibit him or her from vigorous physical activity. I understand that it is my responsibility to transport my child to and from practices, games and other league activities. I the undersigned individually and/or acting through his/her parents or legal guardian on his/her behalf in consideration of acceptance into the Kingwood Township Basketball League and participation therein agree to waive any right, legal or equitable, to claim damages for any loss to persons or property occasioned by participation in such programs and further agree not to hold the Kingwood Township Basketball League, it's officers, coaches, agents, servants, employees, or sponsors liable in any way, measure or form for the payments of such damages, and hereby release the said persons from liability on account of any injury to persons or property. I understand that no part of the registration fee will be refunded.

Health Concerns: _____

Parent / Legal Guardian Signature: _____

All forms Must Be signed No Form Will be Accepted unless signed by a Parent or Guardian