

**ELLSWORTH RECREATION DEPARTMENT  
YOUTH BASKETBALL LEAGUE**

*The Ellsworth Recreation Department is dedicated to building and enhancing the mental and physical health, happiness, and well-being of the youth, adults, and families in our community by promoting social interaction and productive use of leisure time. We take an active approach to the development and enhancement of youth and adult programs while striving to be the leader in our community by providing health and wellness opportunities to all.*

**PROGRAM INFORMATION:** Youth Basketball is offered for boys and girls in grades 3 through 6. Teams will be divided by 3<sup>rd</sup> & 4<sup>th</sup> grades and 5<sup>th</sup> & 6<sup>th</sup> grades. **Program is a Travel League with Hoisington, Claflin, Ellinwood and Russell.** Games will be played one Saturday in each community starting January 3, 2026. For more information, please call the Ellsworth Recreation Department at 472-4123.

**REGISTRATION INFORMATION:** *Forms are at the Recreation Center, or you can register online at [ellsworthks.net](http://ellsworthks.net).* Registration Deadline is Friday, November 7<sup>th</sup>. Registration fee is \$35.00 for the first child and \$30.00 for each additional child. After November 8<sup>th</sup>, registrations will be accepted if participant numbers are low. A \$5.00 late fee will be charged. **Make Checks payable to City of Ellsworth.**

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**EQUIPMENT:** Teams will be provided with basketballs and jerseys on practice and game days.

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Name of Participant: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Grade: \_\_\_\_\_ Shirt Size \_\_\_\_\_

**(Please complete the reverse side.)**

## NATIONAL STANDARDS FOR YOUTH SPORTS

**#1 PROPER SPORTS ENVIRONMENT-** Parents must consider and carefully choose the proper sports environment for their child, including the appropriate age and development for participation, the type of sport, the rules of the sport, the age range of the participants, and the proper level of physical and emotional stress.

**#2 PROGRAMS BASED ON THE WELL-BEING OF CHILDREN-** Parents must select youth sports programs that are developed and organized to enhance the emotional, physical, social and educational well-being of children.

**#3 DRUG, TOBACCO & ALCOHOL-FREE ENVIRONMENT-** Parents must encourage a drug, tobacco and alcohol-free environment for their children.

**#4 PART OF A CHILD'S LIFE-** Parents must recognize that youth sports are only a part of a child's life.

**#5 TRAINING-** Parents must insist that coaches are trained and certified.

**#6 PARENT'S ACTIVE ROLE-** Parents must make a serious effort to take an active role in the youth sports experience of their child providing positive support as a spectator, coach, league administrator and/or caring parent.

**#7 POSITIVE ROLE MODELS-** Parents must provide positive role models, exhibiting sportsmanlike behavior at games, practices, and home while also giving positive reinforcement to their child and support to their child's coaches.

**#8 PARENTAL COMMITMENT-** Parents must demonstrate their commitment to their child's youth sports experience by annually signing the Parents Code of Ethics Pledge.

**#9 SAFE PLAYING SITUATIONS-** Parents must insist on safe playing facilities, healthful playing situations, and proper first aid applications, should the need arise.

**#10 EQUAL PLAY OPPURTUNITY-** Parents, coaches, and league administrators must provide equal sports play opportunity for all youth regardless of race, creed, sex, economic status or ability.

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Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**ELLSWORTH RECREATION DEPARTMENT  
YOUTH BASKETBALL LEAGUE**

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Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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YOUTH BASKETBALL LEAGUE**

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**PROGRAM INFORMATION:** Youth Basketball is offered for boys and girls in grades 3 through 6. Teams will be divided by 3<sup>rd</sup> & 4<sup>th</sup> grades and 5<sup>th</sup> & 6<sup>th</sup> grades. **Program is a Travel League with Hoisington, Claflin, Ellinwood and Russell.** Games will be played one Saturday in each community starting January 3, 2026. For more information, please call the Ellsworth Recreation Department at 472-4123.

**REGISTRATION INFORMATION:** *Forms are at the Recreation Center, or you can register online at [ellsworthks.net](http://ellsworthks.net).* Registration Deadline is Friday, November 7<sup>th</sup>. Registration fee is \$35.00 for the first child and \$30.00 for each additional child. After November 8<sup>th</sup>, registrations will be accepted if participant numbers are low. A \$5.00 late fee will be charged. **Make Checks payable to City of Ellsworth.**

**PRACTICE TIMES:** Practices will start in December. Times will be determined during the coaches meeting and will be set for the remainder of the season. Most practices will be held in the evenings, during the week. All times will be scheduled through the Ellsworth Recreation Department.

**EQUIPMENT:** Teams will be provided with basketballs and jerseys on practice and game days.

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**2025 YOUTH BASKETBALL LEAGUE**

Name of Participant: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Grade: \_\_\_\_\_ Shirt Size \_\_\_\_\_

**(Please complete the reverse side.)**

## NATIONAL STANDARDS FOR YOUTH SPORTS

**#1 PROPER SPORTS ENVIRONMENT-** Parents must consider and carefully choose the proper sports environment for their child, including the appropriate age and development for participation, the type of sport, the rules of the sport, the age range of the participants, and the proper level of physical and emotional stress.

**#2 PROGRAMS BASED ON THE WELL-BEING OF CHILDREN-** Parents must select youth sports programs that are developed and organized to enhance the emotional, physical, social and educational well-being of children.

**#3 DRUG, TOBACCO & ALCOHOL-FREE ENVIRONMENT-** Parents must encourage a drug, tobacco and alcohol-free environment for their children.

**#4 PART OF A CHILD'S LIFE-** Parents must recognize that youth sports are only a part of a child's life.

**#5 TRAINING-** Parents must insist that coaches are trained and certified.

**#6 PARENT'S ACTIVE ROLE-** Parents must make a serious effort to take an active role in the youth sports experience of their child providing positive support as a spectator, coach, league administrator and/or caring parent.

**#7 POSITIVE ROLE MODELS-** Parents must provide positive role models, exhibiting sportsmanlike behavior at games, practices, and home while also giving positive reinforcement to their child and support to their child's coaches.

**#8 PARENTAL COMMITMENT-** Parents must demonstrate their commitment to their child's youth sports experience by annually signing the Parents Code of Ethics Pledge.

**#9 SAFE PLAYING SITUATIONS-** Parents must insist on safe playing facilities, healthful playing situations, and proper first aid applications, should the need arise.

**#10 EQUAL PLAY OPPURTUNITY-**Parents, coaches, and league administrators must provide equal sports play opportunity for all youth regardless of race, creed, sex, economic status or ability.

**#11 DRUG, TOBACCO & ALCOHOL-FREE ADULTS-** Parents must be drug, tobacco and alcohol-free at youth league sporting events.

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As a parent, I do hereby give permission for named participant to participate in the Ellsworth Recreation Department Program. I understand the nature of the sport may provide an opportunity for injury and certify that the above participant is physically capable of participating.

List any medical conditions: \_\_\_\_\_

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

**I am interested in coaching a team.**

Name \_\_\_\_\_ Age/Grade \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

**ELLSWORTH RECREATION DEPARTMENT  
YOUTH BASKETBALL LEAGUE**

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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