

WALKER PARKS AND RECREATION BASKETBALL REGISTRATION

All players must have a copy of birth certificate on file. ALL PLAYERS MUST RESIDE IN LIVINGSTON PARISH

Registration: October 23, 2025 – November 22,2025 Fee: \$95.00

Make checks/money orders payable to WPRD Registration forms/payment accepted at the WPRD Office at 13620 Aydell Lane

(225) 665-3755

www.walkerparksandrec.com

BIRTH CERTIFICATE:

RECEIPT NO.

PAID VIA: CHECK/MONEY ORDER/CASH

		PLEAS	E PRINT CLEARLY		
Player's Last Name:			Player's First N	ame:	
Circle: Male/Female			Date of Birth:		
***PLAYER'S AGE ON	N SEPTEMBER 1, 202	5			
Player's Jersey Size:	YOUTH: XS, S, M, L	OR	ADULT: S, M, L, XL	, XXL	
Player's Short Size:	YOUTH: XS, S, M, L	OR	ADULT: S, M, L, XL	, XXL	
Parent/Guardian Firs	t and Last Name:				
Physical Address:				-	
Mailing Address (if d	ifferent from above_				
Preferred Contact Number:			Text Messages: Yes/No		
Email Address: AGE GROUPS: Some age groups may be combined depending					
3 & 4 year olds— co-ed		year old		, 6.30	
7&8 year olds– Boys Div./Girls Div. 9&10 year olds– Boys Div./Girls Di			ds– Boys Div./Girls Div.		
11&12 year olds— Boys	Div./Girls div				
WPRD CANNOT guar	rantee carpool or coach revaiver on the back side of	quests. this docun	child will be drafted for a te		
Parent/Guardian Signatu	are:			OFFICE USE ONLY	