BLUE VALLEY RECREATION

OFFICIAL TEAM ROSTER & WAIVER FORM

TOURNAMENT NAME: _____ **Team Name:** _____ **Division:** _____

Manager's Name: _____ **Address:** _____ **City:** _____ **St:** _____ **Zip:** _____

E-mail: _____ **Phone: Home ( ) _____ Work ( ) _____ Cell ( ) _____**

This roster/wavier must be turned in before the start of your first game.
I understand that the tournament for which I intend to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that the Blue Valley Recreation Commission, the Blue Valley School District and their employees and representatives, shall not be held responsible for any illness, injury to person, or damage to property resulting from my participating in this tournament. I further grant permission for the Blue Valley Recreation Commission to use my photograph for promotional purposes. This waiver and agreement shall be in effect for a period 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering the program. I acknowledge that I have read and that I understand the provisions in this waiver and agree to abide by them.

All Columns Must Be Completed

Name (print)	Signature (parent if under 18)	Street	City, State, Zip	Date