

Head Coach Name: _____ Team Name: _____ Grade: _____

- If there are any players on this team who need ADA accommodations, please call the Sports Complex office at 913-685-6030.
- Are there any players on this team who have any serious allergies? If so, please explain. _____

(Office Use Only)

◆◆◆PAYMENT◆◆◆

Please make checks payable to Blue Valley Recreation Commission (BVRC)

\$605.00/per team – 2 & 3 (code: 263056-01)

\$715.00/per team – Grades 4 & 5 (code: 263056-02), Grades 6 & 7 (code: 263056-03)

_____Cash _____Check _____MasterCard _____Visa _____Discover _____American Express

Total Amount Due \$ _____ Amount Paid \$ _____ Card/Check# _____ Exp. _____

Credit Card Security Code _____ Name of Cardholder _____

Signature of Cardholder _____

Address of Cardholder if different than Head Coach _____

Phone # of Cardholder if different than Head Coach _____ Registrar _____ Date _____



2010 FALL SOFTBALL - WAIVER FORM FOR ADDED PLAYERS

Team Name: _____ Head Coach: _____

School: _____ Grade: _____ E-mail Address: _____

I understand that the program for which I or my child intends 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 and the Blue Valley School district and their employees and representatives shall not be held responsible for any illness or injury to person or damage to property resulting from my (or my child's) participating in a Blue Valley Recreation Commission program. I further grant permission for the Blue Valley Recreation Commission to use my (or my child's) photograph for promotional purposes. This waiver and agreement shall be in effect for 365 days from the date of signing. Parents must sign below for children 18 and under entering a program.

The BVRC prohibits illegal discrimination and is committed to complying with the Americans with Disabilities Act. If you would like to request an accommodation or have any other injury regarding this policy, please contact the Administration Manager at (913)685-6000 (voice) or Kansas Relay Service at (800)766-3777, Blue Valley Recreation Commission, 6545 W. 151st Street, Overland Park, KS 66223. Please give us at least two weeks advance notice for any requested accommodation.

Player Name (Please Print)	Home Phone	Address (City, St., Zip)	Parent Signature	School	Birth Date

- If there are any players on this team who need ADA accommodations, please call the Sports Complex office at 913-685-6030.
- Do any of these players have any serious allergies? If so, please explain. _____

Return completed roster to: Blue Valley Recreation Complex, 9701 W. 137th Street, Overland Park, KS 66221

Fax to: (913) 685-6031