



HIGH SCHOOL BASKETBALL - OFFICIAL TEAM ROSTER & WAIVER FORM

Team Name: _____ **School:** _____ **Grade:** _____

Head Coach: _____ **Phone:** _____

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 for children 18 and under entering a program.

* The BVRC is committed to making reasonable accommodations as required by the ADA (Americans with Disabilities Act) If you need an accommodation please provide two weeks advance notice.

PLAYER NAME <i>(Please Print)</i>	ADDRESS	City	ZIP	PHONE	PARENT SIGNATURE
(1)					
*Allergies / ADA:					
(2)					
*Allergies / ADA:					
(3)					
*Allergies / ADA:					
(4)					
*Allergies / ADA:					
(5)					
*Allergies / ADA:					
(6)					
*Allergies / ADA:					
(7)					
*Allergies / ADA:					
(8)					
*Allergies / ADA:					
(9)					
*Allergies / ADA:					
(10)					
*Allergies / ADA:					
(11)					
*Allergies / ADA:					
(12)					
*Allergies / ADA:					

Use additional forms if more than 12 players or for adding players.