



SUMMER BASKETBALL - WAIVER FORM FOR ADDED PLAYERS

Head Coach: _____ Phone: _____ Grade: _____

Boys or Girls: _____ School: _____ Team Name: _____

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

- If there are any players on this team who need ADA accommodations, please call the Sports Complex office at 913-685-6030.
- Please list any medical conditions of any players that you think we should be aware of: _____

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

You can email Trenton at tbuchman@bluevalleyrec.org