



SUMMER BASKETBALL - OFFICIAL TEAM ROSTER & WAIVER FORM

Head Coach: _____ Phone: _____ Grade: _____

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

I understand that the program in 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 Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness, injury or death to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. This includes, but is not limited to, illness, injury or death arising from exposure from the Novel Coronavirus (COVID-19). I further grant permission for Blue Valley Recreation Commission and its partners to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign 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 advanced notice for any requested accommodation.

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: _____

Use additional forms if more than 10 players or for adding players