

**5 ON 5 BASKETBALL TEAM ROSTER
BOISE PARKS & RECREATION DEPARTMENT**

CIRCLE REQUESTED DIVISION: Women's: B C

Men's: B1 B2 B3 B4 B5 B6 B7 B8 B9 B10 B11

TEAM NAME _____ MANAGER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ E-MAIL ADDRESS _____

	PLAYER'S NAME	PRIMARY PHONE	R/N	ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

We as the above, in consideration for the privilege of participating in the Boise Parks and Recreation BASKETBALL program do hereby agree to release the Boise Parks and Recreation Department and all other cooperating agencies, employees, officials, or managers/sponsors thereof, from all liability for damages by reason of injuries or property damage that may be sustained as a result of participating in the program. I understand all rules, regulations and deadlines. I give my consent to use any photographs or videotape taken of me in future promotional or marketing materials.

1. Team Name Last Year: _____
2. If the core of your team played last year, what was your classification? _____
3. Compare to last year's team, how good is this year's team? Better ____ Worse ____ New Team _____

	PLAYER'S NAME	PRIMARY PHONE	R/N	ADDRESS
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				