

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

3 on 3: Summer ____ Fall ____

DIVISION REQUESTED: A ____ B1 ____ B2 ____ B3 ____

TEAM NAME _____ MANAGER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____ E-MAIL ADDRESS _____

<small>ADDRESS VERIFIED BPR STAFF INITIALS AND DATE</small>

“Teams will not be put into any league until full payment is received by Boise Parks and Recreation.”

	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? A ____ B1 ____ B2 ____ B3 ____
3. Compare to last year's team, how good is this year's team? Better ____ Worse ____ New Team ____