

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

3 on 3: Summer ____ Fall ____

DIVISION REQUESTED: A____ B1____ B2____ B3____

TEAM NAME _____ MANAGER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____ E-MAIL ADDRESS _____

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

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.

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 _____