

BOISE PARKS & RECREATION FLAG FOOTBALL ROSTER

YEAR: _____ PREFERRED DIVISION (Please check...D1 most competitive): D1 _____ D2 _____ D3 _____ D4 _____

TEAM NAME: _____ MANAGER'S NAME: _____

ADDRESS: _____ CITY & ZIP: _____

CELL PHONE: _____ WORK PHONE: _____ E-MAIL: _____

10 PLAYERS MINIMUM REQUIRED (additional space on 2nd page)

* Resident/Non-resident of Boise City

PLAYER NAME	R/N*	ADDRESS/CITY/ZIP	CELL PHONE	WORK PHONE
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 FLAG FOOTBALL 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 (If new team, write "NEW"): _____ 2. Division last year: D1 _____ D2 _____ D3 _____ D4 _____

3. Returning # of players: _____ 4. Compared to last year's team, what do you expect from this year's team? Better _____ Same _____ Worse _____

RETURN TO: City Recreation Office, 110 Scout Lane, Boise, 83702 or FAX: (208) 608-7669
Questions, call (208) 608-7650

PLAYER NAME	R/N*	ADDRESS/CITY/ZIP	CELL PHONE	WORK PHONE
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				