

OVERLAND PARK LEISURE SERVICES

5-ON-5 BASKETBALL ROSTER/WAIVER FORM



(Please print or type)

League Title & Location: _____
(for league you signed-up)

Day of Week & Time: _____

Team Name/Manager Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Work phone: _____

THIS FORM MUST BE SUBMITTED THE NIGHT OF YOUR FIRST GAME. OTHERWISE A FORFEIT WILL OCCUR, PRIOR TO STARTING TIME.

The player's name, address and telephone number should be printed or typed, and that player's signature must be included in the appropriate space. Individual players should read the waiver before signing.

LEAGUE ROSTER/WAIVER FORM

As a condition precedent to participating in the Basketball Leagues sponsored by the City of Overland Park, Kansas, we the undersigned, knowingly and voluntarily assume any and all risks inherent in participating and agree to abide by all regulations established by the league.

I further waive any right or claim against the City of Overland Park, Kansas, their officials, volunteers, agents, and/or employees for loss of life, bodily injury, property damage, and/or loss, or personal loss that may be sustained as a result of my participation in the league.

Player's Name	Address, City, State, Zip	Phone #	Signature	Date
---------------	------------------------------	---------	-----------	------

1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				