LONGMONT RECREATION SERVICES – BASKETBALL ROSTER FORM

	M NAME:	Last year's Team Name:		Sport/Season_			
MAN	AGER:						
	Name	Address			City/Zip	Day Phone	Night Phone
	Email address						
I,			as a representativ	ve of the abo	ve team, do herel	by state that our team wi	ill abide by the City of
Long	mont Recreation Division p	policies and that we ha	ive read and unde	erstand the ru	lles and regulation	ns of this league.	
	Signed				Date:		
	······································	•••••	******	*****	******	******	***************
corpora damage in the a	rstand that there are certain risk ation, nor any of its officers, agen es or liability for or arising from p above named programs. I, on be EMPLOYEES, HARMLESS ON A	ts, volunteers, assistants, or personal injury or property half of myself and my famil	employees, shall be h damage to myself or y, hereby agree to H	eld responsible other person in	or made subject to an whose behalf this for	y claims, including any claim n is now signed as a result of a	for negligence, seeking to asses actual or proposed participation
	AME [please print legibly]	ADDRESS	CITY	ZIP	PHONE	BIRTHDATE	SIGNATURE
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