



Basketball Roster/Waiver Form

Year: _____ Night: (Sun, Wed, Thurs) _____

Team Name: _____

Manager: _____

Address: _____

Asst. Manager: _____

Phone: Primary() _____

Alternate() _____

Phone: Primary() _____

Alternate() _____

Player	Address	Home Phone	Work Phone	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

-OVER-

Participation in the adult athletic program through the Bloomington Parks and Recreation Division requires all players to sign this Roster/Waiver.

Waiver

I understand that participation in activity or program is completely voluntary and that the activity or program being offered is for the betterment of the participant. The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active, of the City of Bloomington, their agents and employees, arising out of, or in connection with the activity or programs. On behalf of myself, I expressly release and discharge the City of Bloomington, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program

Release Agreement

City of Bloomington takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. I grant permission to use my name, pictures and quotes for the above purposes.

Data Privacy Act/Tennessee Warning

According to the Minnesota Data Privacy Act, some of the information you provide on this form may be classified as private data. Private data is available to you but not the public. If you do not provide this data, you are not eligible to play in the City of Bloomington Adult Athletic Leagues. The data may be released to the Minnesota Sports Federation, the Minnesota Recreation and Parks Association, the Recreational Sports Officials Association and City Bloomington staff for the purpose of administering the league.

Player Signatures Required (Please sign on corresponding number from reverse side)

1 _____

9 _____

2 _____

10 _____

3 _____

11 _____

4 _____

12 _____

5 _____

13 _____

6 _____

14 _____

7 _____

15 _____

8 _____