

Please Circle One:

5th&6th Grade

CITY OF LOVELAND – PARKS & RECREATION YOUTH BASKETBALL LEAGUE – ROSTER

Revised August 10, 2020

7th&8th Grade

Program Coordinator: Dana Redford

dana.redford@cityofloveland.org

962-2450

Please Circle One:	Boys	Girls	
Team Name (Our com	puter system allo	ows for a team name up to 20 charac	eter spaces!)
Main Parent or Coach C	ontact Inform	ation_	Secondary Parent Contact
Name:			Name:
Address:			Address:
City/State/Zip:			City/State/Zip:
Home Phone:			Home Phone:
Work Phone:			Work Phone:
Cell Phone:			Cell Phone:
Email:			Email:

WAIVER STATEMENT: I hereby release and absolve the Parks and Recreation Department, the City of Loveland, and all of its employees or agents from any and all claims arising from injury or loss received by the participant when involved in this activity, whether due to negligent acts or omissions of said parties, other participants or otherwise.

PLEASE PRINT LEGIBLY

	Participant's Name	Address	City	Zip	Parent/Guardian Phone	Parent/Guardian Name (please print)	Parent /Guardian Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							