

LONGMONT RECREATION SERVICES – BASKETBALL ROSTER FORM

TEAM NAME: _____ DIVISION/SEASON _____

TEAM MANAGER: _____
Name Address City/Zip Phone Email

I, _____, as a representative of the above team, do hereby state that our team will abide by the City of Longmont Recreation Division policies and that we have read and understand the rules and regulations of this league.

TEAM MANAGER SIGNATURE: _____ DATE: _____

LIABILITY WAIVER

I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. By signing below, I, on behalf of myself and my family, hereby agree to hold the city of longmont, its officers, agents, volunteers, assistants, and employees, harmless on account of any such claim.

PLAYER CODE OF CONDUCT

By signing below, I agree to abide by the player code:

1. No player shall at any time abuse a player, manager, spectator or Recreation employee. In addition, no player shall be guilty of using unnecessarily rough tactics in the play of the game against the body and person of an opposing player.
2. No player shall refuse to abide by an official's decision, nor argue the officials judgment.
3. No player shall appear at the contest area under the influence of alcohol or drugs, nor consume alcohol or drugs during play. A player may not smoke while in the contest area.

	PLAYER FIRST & LAST NAME (PRINT LEGIBLY)	PHONE #	EMAIL	BIRTHDATE	SIGNATURE (REQUIRED)
1					
2					
3					
4					
5					
6					
7					
8					
9					