

BLAINE PARK AND RECREATION LEAGUE ROSTER AND WAIVER FORM

PHONE: 763-785-6164

10801 Town Square Drive NE, Blaine, MN 55449

FAX: 763-785-6191

TEAM NAME: _____ MANAGER'S NAME: _____

MANAGER'S ADDRESS: _____ CITY: _____ ZIP: _____

PHONES-Home: _____ Work: _____ Cell: _____ E-MAIL ADDRESS: _____

Please complete the following for league information:

SPORT (circle): *Summer Softball Fall Softball Indoor Volleyball Basketball Football Boot Hockey Kickball*
LEAGUE (circle): *Mens Mens Dbl-Hdr Womens Church Co-Rec Corporate Youth* **CLASS/DIVISION (circle):** *A B C D E FUN*
DAY (circle): *Monday Tuesday Wednesday Thursday Friday Saturday Sunday* **YEAR:** _____ **TEAM (circle):** *Blaine Non-Resident*

PLAYER'S NAME (print)	LEGAL PLAYING ADDRESS*	CITY	ZIP	PLAYER SIGNATURE <small>(read waiver/release below before signing)</small>
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20.				

***Legal Playing Address: Player lives in Blaine use home address. Player works in Blaine use work address. Player is non-resident use home address.**

WAIVER/RELEASE: In consideration of your signing this entry, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Blaine or their representatives, successors, and assigns for any and all injuries suffered by me as a participant or spectator at the activity above.

DATA PRIVACY ACT: In accordance with the Minnesota Government Data Practices Act, the City of Blaine hereby informs you that the personal information requested of you and/or your players on the registration form is considered private. Private data is available to you and City Staff who require it in performance of their duties, but not to the public. You may chose to withhold this data, however the City's Recreation Staff may not be able to complete your registration and/or provide you with updated program information such as schedules, revisions, or standings.