



2021 BVRC & OYB GOLDEN GLOVE BASEBALL - OFFICIAL TEAM ROSTER & WAIVER FORM

Head Coach: _____ Age Division: _____ Team Name: _____

Eve Phone: _____ Day Phone: _____ Email: _____

Assistant Coach: _____ Eve Phone: _____ Email: _____

I understand that the program in which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that Blue Valley Recreation Commission and Blue Valley School District representatives and employees shall not be held responsible for any illness, injury or death to person or damage to property resulting from participating in a Blue Valley Recreation Commission program. This includes, but is not limited, to illness, injury or death arising from exposure from the Novel Coronavirus (COVID-19). I further grant permission for Blue Valley Recreation Commission and its partners to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from the date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program.

The BVRC prohibits illegal discrimination and is committed to complying with the Americans with Disabilities Act. If you would like to request an accommodation or have any other injury regarding this policy, please contact the Administration Manager at (913)685-6000 (voice) or Kansas Relay Service at (800)766-3777, Blue Valley Recreation Commission, 6545 W. 151st Street, Overland Park, KS 66223. Please give us at least two weeks advance notice for any requested accommodation.

1. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
2. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
3. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
4. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
5. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:

6. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
7. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
8. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
9. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
10. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
11. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
12. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:

OF PLAYERS _____ COACH'S NAME _____ AGE DIVISION _____ 2021 BVRC & OYB GOLDEN GLOVE BASEBALL ROSTER





2021 BVRC & OYB GOLDEN GLOVE BASEBALL - WAIVER FORM FOR ADDED PLAYERS

Head Coach: _____

Team Name: _____

Age Division: _____

Coach's E-mail Address: _____

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BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
2. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:
3. PLAYER NAME:	ADDRESS:	CITY, STATE, ZIP:	PHONE:
BIRTH DATE:	EMAIL:	PARENT NAME(S):	PARENT SIGNATURE:

Return completed roster to: Blue Valley Recreation Complex, 9701 W. 137th Street, Overland Park, KS 66221
Fax to: (913) 685-6031