# ADULT SPORTS PLAYER ADD/DROP FORM

**SPORT**

- [ ] Softball
- [ ] Basketball
- [ ] Baseball
- [ ] Volleyball
- [ ] Rollerhockey
- [ ] Football

**LEAGUE AND DAY**

League _____________________________

- [ ] Mon.
- [ ] Tues.
- [ ] Wed.
- [ ] Thurs.
- [ ] Fri.
- [ ] Sat.
- [ ] Sun.

**TEAM INFORMATION**

Team name: ________________________________________________ Date: ________________________________________________

Manager: ___________________________________________________ Phone:______________________________________________

**DROP THE FOLLOWING PLAYERS**

1. Print name: _______________________________________________ Date dropped: _______________________________________
2. Print name: _______________________________________________ Date dropped: _______________________________________
3. Print name: _______________________________________________ Date dropped: _______________________________________

**ADD THE FOLLOWING PLAYERS**

(There is a $10 per player charge to add)

I hereby agree to defend, indemnify, and hold harmless the City of Long Beach and its officers, employees, and agents, from and against any and all loss, liability, charges and expenses (including attorney’s fees) and causes of actions whatsoever character which may arise by reason of participation in the Adult Sports Leagues or be in any way connected therewith. (The City of Long Beach does not provide accident, medical, liability or any other insurance for program participants.)

1. Print name: _______________________________________________ Address: _______________________________________________
   City, Zip: __________________________________________________ Phone:______________________________________________
   Signature: __________________________________________________________________________________________
   please read above statement before signing

2. Print name: _______________________________________________ Address: _______________________________________________
   City, Zip: __________________________________________________ Phone:______________________________________________
   Signature: __________________________________________________________________________________________
   please read above statement before signing

3. Print name: _______________________________________________ Address: _______________________________________________
   City, Zip: __________________________________________________ Phone:______________________________________________
   Signature: __________________________________________________________________________________________
   please read above statement before signing

**FOR OFFICE USE ONLY**

Date:______________________________________________________

Receipt: ___________________________________________________ Total $: _____________________________________________

Check issued by:____________________________________________

by: _______________________________________________________

please read above statement before signing

please read above statement before signing

please read above statement before signing