

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: _____ Signature: _____
please read above statement before signing

Address: _____

City, Zip: _____ Phone: _____

2. Print name: _____ Signature: _____
please read above statement before signing

Address: _____

City, Zip: _____ Phone: _____

3. Print name: _____ Signature: _____
please read above statement before signing

Address: _____

City, Zip: _____ Phone: _____

FOR OFFICE USE ONLY

Date: _____

Receipt: _____ Total \$: _____

Check issued by: _____ by: _____