



**PLAYER ADD/DROP FORM**

Day:  Sun.  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.

TEAM: \_\_\_\_\_ SPORT: \_\_\_\_\_

MANAGER: \_\_\_\_\_  COED  MEN  WOMEN  SENIOR

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MANAGER'S SIGNATURE: \_\_\_\_\_

**AGREEMENT, WAIVER AND RELEASE**

I hereby agree to defend, indemnify, and hold harmless the City of Long Beach and it's 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.)

**ADD THE FOLLOWING PLAYER: (Please Print)**

1. Name \_\_\_\_\_ Phone no. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

2. Name \_\_\_\_\_ Phone no. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

3. Name \_\_\_\_\_ Phone no. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Signature \_\_\_\_\_

**DROP THE FOLLOWING PLAYER:**

1. \_\_\_\_\_ Date dropped: \_\_\_\_\_

2. \_\_\_\_\_ Date dropped: \_\_\_\_\_

3. \_\_\_\_\_ Date dropped: \_\_\_\_\_

**OFFICE USE ONLY:**

Date: \_\_\_\_\_ Date eligible to play: \_\_\_\_\_ Approved by: \_\_\_\_\_