

BIG FOOT RECREATION DISTRICT ADULT PROGRAM  
PLAYER ADD & DELETE FORM

TEAM NAME \_\_\_\_\_

**ATTENTION TEAM CAPTAINS:** Players may be added or deleted from your roster through 5:00 p.m. prior to the start of the THIRD game. All roster changes must be done on this form in person at the Recreation Office. Added players must sign the Waiver and Release of All Claims form on reverse side and a signature must be obtained before this form is accepted. **Roster changes WILL NOT be done at the site of the game.**

**INJURY SUBSTITUTIONS:** Teams may replace injured players after the fourth scheduled game. Team managers are required to request the injured player substitution **IN WRITING** and must produce a written form from a physician regarding the player's injury. The League Supervisor will notify teams regarding the acceptance or denial of the substitution request.

PLAYERS TO BE ADDED

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>R</u>	<u>NR</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

PLAYERS TO BE REMOVED

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>R</u>	<u>NR</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

I certify that the above player information is accurate. Falsified player information is grounds for game forfeiture and/or team ejection from the league.

\_\_\_\_\_  
Captain's Signature Required

\_\_\_\_\_  
Date

BIG FOOT RECREATION DISTRICT PROGRAM WAIVER & RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering for and participating in **ADULT LEAGUES**, you will be waiving and releasing all claims for injuries you might sustain arising out of playing in this league.

As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in the program against the Big Foot Recreation District, its members of advisory committees, officers, agents, servants, volunteers, and employees. I do hereby fully release and discharge the Big Foot Recreation District, its members of advisory committees, officers, agents, servants, volunteers, and employees from ANY and ALL CLAIMS from injuries, including death, damage, or loss which I may have or which may accrue to me on account of me participating in this program. I further agree to indemnify and hold harmless and defend the Big Foot Recreation District, its members of advisory committees, officers, agents, servants, volunteers, and employees from any and all claims resulting from injuries, including death, damage, and loss sustained by me and arising out of, connected with, or in any way associated with the activities of this program.

I have read and fully understand the above Waiver and Release.

PRINT NAME

SIGNATURE

DATE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_