CITY OF VISTA PARKS & COMMUNITY SERVICES

ADULT SPORTS

PLAYER ADDITION / DELETION FORM

Sport (circle): **Softball** **Basketball**

Team Name:_____

Division: Men's Coed Women's 35 & Older

League: "A" "B" "C"

Night: Mondays Tuesdays Wednesdays

Thursdays Fridays Sundays

Manager Name_____**Signature**_____

Please Read Before Signing Roster **Liability Waiver** Important – Read Carefully

I understand there are risks associated with the activities for which I have registered. I assume the risk for any property damage, personal injury or death that I, my child or my ward may sustain. I hereby waive and release the City of Vista, its officers, employees, agents and officials, from any claims, causes of actions, damages, losses, liabilities, or expenses (including attorney fees and court costs) for any property damage, personal injury or death arising out of my, my child's or my ward's participation in the above activities. I UNDERSTAND THAT BY SIGNING THIS WAIVER I AM FREEING THE CITY OF VISTA FROM ANY LIABILITY RESULTING FROM MY, MY CHILD'S OR MY WARD'S PARTICIPATION IN THE ABOVE ACTIVITIES. I UNDERSTAND THAT IF I, MY CHILD OR MY WARD IS INJURED, THIS WAIVER WILL BE USED AGAINST ME AND ANYONE ELSE CLAIMING DAMAGE BECAUSE OF MY, MY CHILD'S OR MY WARD'S INJURY IN ANY LEGAL ACTION. I ALSO UNDERSTAND THAT NO CITY EMPLOYEE OR AGENT IS AUTHORIZED TO MODIFY THIS WAIVER. I CERTIFY THAT I HAVE PERSONALLY READ AND UNDERSTAND THIS WAIVER AND RELEASE.

NO PLAYERS UNDER 18 YEARS OF AGE ARE PERMITTED!

PLAYER ADDITIONS

1) Name_____Phone #_____

Address_____City_____Zip_____

Signature_____Date_____

2) Name_____Phone #_____

Address_____City_____Zip_____

Signature_____Date_____

PLAYER DELETIONS

1._____2._____

This form must be submitted by 6pm the day previous to the game the player(s) is to be added. For your convenience, you may also fax this form to (760) 643-2897 (fax the day before the game). A $2 dollar fee per add must also be submitted in order for the player additions to be valid!

Date Received __/__/__By (staff initial)_____ League Director Approval_____