

## Hollister Recreation

300 West Street | Hollister, CA 95023 | (831) 636-4390 Email: recreation@hollister.ca.gov www.teamsideline.com/HollisterRecreation

Office 1	Use Only
League l Approva	Director
Date	

## ADD PLAYER FORM

All players and managers must sign the add player form. The add player form must be on file in the Hollister Recreation office 72 business hours and approved by the league director prior to participating. NOTE: Any falsification of information on this form will subject the player and manager to suspension and/or removal from the league.

PLAYER NAME \_\_\_\_\_

TEAM NAME			DIV	DIVISION	
	PLAYER ADDR	ESSncy is required by the Hollister Reco	3000		
	CITY	ZIP CODE	DATE OF BIRT	TH	
	TELEPHONE: H	IOME	WORK	<del></del>	
	E-MAIL:SPORT:		ORT:		
	Manager's Signa	iture	Date		
	Do not sign here	MANAGER'S unless you are releasir		ur official roster	
			2		
	Manager's Signa	ture		Date:	
	RELEASE A	ND WAIVER OF LIABILI	TY AND INDEMNITY A	AGREEMENT	
a member of the that may result equipment, and	ie program indicated AB in injury or death to me d other participants. Fur	OVE. I understand that there or other players, including, b her, I, the undersigned partic	are certain risks and haza ut not limited to those haza ipant, agree that in conside	y own free will, I elect to participate as rds involved in participating in softball ards associated with playing conditions eration for the right to play as a member anged for by the coordinator or team:	l s.
memb other	er of the team so design	ated, (b) while serving in a no s on my team, and (c) while o	on-playing capacity as a tea	(a) while practicing or playing as a am member during practice or play by any and all of the facilities arranged for	ır
participating in its agents, and of arising out of o	this activity, and to the employees, from any and or in any way connected	maximum extent authorized l I all liability for any injury, h	oy law, I agree to hold harr owsoever caused, which m rity. I HAVE READ THE	d activity, and in consideration for nless, and release the City of Hollister hay be suffered by the undersigned, ABOVE APPLICATION AND JURIES RECEIVED.	<b>2</b> 00
DATE:	PAF	TICIPANT SIGNATURE:			_
				3/26/2015 A	V
922				5.25.E010 /	505