

**City of Agoura Hills**  
**Department of Community Services**  
**ROSTER ADDITION/DELETION FORM**

**Part B**

TEAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LEAGUE: \_\_\_\_\_ NIGHT: \_\_\_\_\_

SIGNATURE OF ADDED PARTICIPANTS

Print Name	Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**S** HEREBY agree to indemnify and hold harmless the City of Agoura Hills and owners of city contracted facilities and any of their contractors, employees, and agents, from any liability or claim or action for damages resulting from, or in any way arising out of the participation in this program by the person registered.

MANAGERS please note the following rules:

1. If a player is deleted from a team, the player may not return for the remainder of the season, including playoff and championship games.
2. Player may not transfer from one team to another under any circumstances.
3. Manager must submit an Add/Delete form th the Recreation Department prior to use of a new player. Player must affix his/her own legal signature to the Add/Delete form, Informed Consent and Release section above.
4. Players must appear in one half (1/2) of total league games to be eligible for playoffs.
5. Team is not considered a legal team until all paperwork is completed and turned in.
6. Players are not eligible to play unless their name appears on the original roster or this roster.
7. All information must be correct and not falsified. Penalty for violation of the above rules: Forfeiture and possible suspension or disqualification.

*IMPORTANT: To complete the addition process, new players MUST sign the Informed Consent and Release Form above and fill out the reverse side of this form.*

**City of Agoura Hills  
Department of Community Services**

**Part A**

**ROSTER ADDITION/DELETION FORM**

TEAM NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

NIGHT: \_\_\_\_\_ DIVISION: \_\_\_\_\_

ALL PLAYERS NAME, ADDRESSES AND PHONE NUMBERS MUST BE PROVIDED  
IN THE SPACES BELOW AT THE TIME OF ADDITION/DELETION

**DELETION**

NAME	ADDRESS	CITY	ZIP	PHONE
1.				
2.				
3.				
4.				
5.				

**ADDITION**

NAME	ADDRESS	CITY	ZIP	PHONE
1.				
2.				
3.				
4.				
5.				

**MANAGER INFORMATION**

MANAGER'S NAME (Print)

MANAGER'S SIGNATURE

MANAGER'S ADDRESS

MANAGER'S HOME PHONE

MANAGER'S BUSINESS PHONE

Please complete other side