



ROSTER ADD/DROP FORM

PARKS, RECREATION &
PUBLIC FACILITIES DIVISION
144 S BROADWAY.
TURLOCK CA 95380
PHONE (209) 668-5594
FAX (209)668-5619

SPORT: VOLLEYBALL OR SOFTBALL

NAME OF TEAM _____ LEAGUE _____ NIGHT PLAYED _____

NAME OF PLAYER ADDING _____ BIRTHDAY _____

ADDRESS _____ ZIP _____ PHONE # _____

NAME OF PLAYER DROPPING _____ DATE _____

I hereby agree to play with (name of team) _____ and to comply with the Rules and Regulations determined to be in effect for this program by City of Turlock Recreation Office. I understand that the City of Turlock carries no medical insurance for any of its program activities. I will not hold the City of Turlock, this program association, the coordinators thereof, sponsor of my team or program facilities responsible for injuries or accidents incurred during this program and I assume all responsibility for any accident, injury, illness or any other disability to myself arising, occurring, or resulting from this City of Turlock sponsored program. I further understand that a physician's clearance is recommended.

I understand that my signature on this form verifies that I have read the above information and agree to the terms contained within.

Signature of Player Adding _____ Date _____

In order to add any player once league play starts, permission must be received from League Director.

Approval Signature _____ Date _____



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