

ROSTER CHANGE FORM

ATTENTION MANAGER/COACH: A player must be added before they participate in a game. You may not go over your sports roster maximum. You are responsible for two copies of this document-one you must present to the program field leader/site supervisor and the other is for your record.

TEAM NAME:	
SPORT:	DIVISION (Men's, Women's, Coed):
SEASON/YEAR:	LEVEL OF PLAY:
DAY(S)/NIGHT(S) of play:	

I hereby acknowledge that the following information is correct and that I am responsible for presenting this information to the field leader/site supervisor of the program listed below. As the team manager/coach, I verify that the players' names, addresses and phone numbers have been signed by each individual player and players have had the opportunity to read this document.

SIGNATURE: ______ TODAY'S DATE: _____

tion Department, league director and staff, or league umpires

The City of Glendale, the Glendale Recreation Department, league director and staff, or league umpires do not provide insurance coverage for individuals participating in the adult sports programs. The Glendale Recreation Department would like to inform all participants in the adult sports programs that the nature of the activities are hazardous and risky, including but not limited to the acts of pitching, throwing, fielding the ball, catching the ball, swinging of the bat, running, jumping, stretching, sliding, diving, shooting, dribbling, spiking and collisions with other players or stationary objects, all of which can cause serious injury or death to players.

ROSTER ADDITIONS: (All information must be complete – name, address and phone) *Please print clearly*

NAME	ADDRESS/CITY/ZIP	PHONE

ROSTER DELETIONS: (All information must be complete – name, address and phone) *Please print clearly*

NAME	ADDRESS/CITY/ZIP	PHONE

Official use only

DATE RECEIVED: _____