

PLAYER ADD/DROP FORM



Library, Recreation And Cultural Services

Athletics
2700 Hilyard

Eugene, Oregon 97405
(541) 682-5409

FAX: (541) 682-5367

www.eugene-or.gov/recathletics

TEAM NAME _____ LEAGUE LETTER _____

Please check each box as it pertains to your team:

SPORT

- Basketball
- Soccer
- Softball
- Ultimate
- Volleyball

SEASON

- Fall
- Winter
- Spring
- Summer

DIVISION

- Men's
- Women's
- Coed
- Youth

PLAYER ADD POLICIES

- All players must be added to a roster before they are eligible to participate.
- For all sports except soccer, add/drop forms must be faxed or turned in to the Athletics office by 6:00 p.m., Monday through Friday, or handed to the game official or site supervisor prior to playing. See soccer exceptions below:
 - ◆ SOCCER: Soccer add/drop forms must be turned in to the Athletics office no later than 6:00 p.m. the day before your game. For Sunday games, the add/drop forms must be turned in no later than 6:00 p.m. the Thursday prior. For Monday games, the add/drop forms must be turned in no later than 6:00 p.m. the Friday prior.
- Contact the Athletics office for player add/drop deadlines.

RELEASE FROM LIABILITY AGREEMENT

All players must read the following and sign below:

I hereby agree to adhere to the following policies:

1. Players are responsible for their own medical insurance.
2. I agree to abide by the rules and regulations as set forth by the City of Eugene Library, Recreation and Cultural Services Department (LRCS). The LRCS Athletics Program staff will have the final say or word on any matters that might arise concerning any of the leagues.
3. In consideration of the right to participate in this activity, I release all claims against the City or its agents for damages suffered by me. I understand that there are inherent risks in this activity and that training and conditioning are necessary. I agree to assume those risks on behalf of myself. I have read and understood the above.

Player's Name _____ Player's Signature _____
(If under 18 years of age, Parent/Guardian)

Address _____ Phone _____ Age _____
Street City Zip

Player's Name _____ Player's Signature _____
(If under 18 years of age, Parent/Guardian)

Address _____ Phone _____ Age _____
Street City Zip

PLAYER DROP

1. Name _____

3. Name _____

2. Name _____

4. Name _____

FOR OFFICE USE ONLY

DATE _____ AMOUNT REC'D _____ INT _____