

PLAYER ADD/DROP FORM



2700 Hilyard Street
Eugene, OR 97405
541-682-5409
Teamsideline.com/eugene
eugeneathletics@ci.eugene.or.us

TEAM NAME _____ LEAGUE LETTER _____

Please check each box as it pertains to your team:

SPORT

- Basketball Softball
 Soccer Ultimate
 Volleyball Other _____

SEASON

- Fall Spring
 Winter Summer

DIVISION

- Men's
 Women's
 Coed

***All emailed ADD/DROP forms must be followed up with a phone call 541-682-5409 to ensure Athletic staff received it.**

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 5:00 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 5:00 p.m. the day before your game. For Sunday games, the add/drop forms must be turned in no later than 5:00 p.m. the Thursday prior. For Monday games, the add/drop forms must be turned in no later than 5:00 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.
4. EYE PROTECTION In consideration of the right to participate in this soccer match while wearing EYE WEAR (as listed below); I release all claims against the referees of my game, the Lane County Soccer Referees Association, and the City of Eugene for damages suffered by me. I understand that the wearing of EYE WEAR (to include, but not limited to: eye glasses and goggles) during a soccer match creates inherent risks to both myself and other players. I agree to assume those risks on behalf of myself, and to be responsible for damages/injury to other players that may befall as a result of my wearing eye protection.

I have read and understand the above agreement:

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

Address _____ Phone _____ Age _____
Street City Zip

Email _____

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

Address _____ Phone _____ Age _____
Street City Zip

Email _____

PLAYER DROP

1. Name _____ 2. Name _____

FOR OFFICE USE ONLY

DATE _____ AMOUNT REC'D _____ INT _____