



PLAYER ADD/DROP FORM

Please check each box as it pertains to your team:

SPORT SEASON ___ Fall ___ Summer ___ Men's ___ Women's ___ Coed

*All emailed ADD/DROP forms must be followed up with a phone call 315-430-0154 to ensure receipt.

PLAYER ADD POLICIES

- All players must be added to a roster before they are eligible to participate.
- Add/drop form must be faxed or turned in to the Main Office by 5:00 p.m., Monday through Friday, or handed to the game official or site supervisor prior to playing.

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. Secondary Insurance provided by Champions Events through ASA/USA Softball. Player Add Fee: \$10.
2. I agree to abide by the rules and regulations as set forth by the Oswego Softball League, managed by Champions Events LLC. The Champions Events 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 of Oswego, NY and Champions Events LLC 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. Further; I release all claims against the umpires, ASA/USA Softball for damages suffered by me. I understand that the game of Softball creates inherent risks to both myself and other players. I agree to assume those risks on behalf of myself.

I have read and understand the above agreement:

Player's Name _____ Age _____

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

Address _____ Phone _____

Email _____

PLAYER DROP:

1. Name _____

TEAM NAME: _____

LEAGUE NIGHT: _____

FOR OFFICE USE ONLY:

DATE _____ AMOUNT REC'D _____ NAME _____