

**CITY OF TEMECULA - COMMUNITY SERVICES DEPARTMENT
2021 SOFTBALL ADD/DROP FORM**

Team Name: _____

Manager's Name: _____

I realize every precaution is taken to eliminate any injuries or hazards, and a competent supervisor is present; however, in the event of any injury, property damage, disability, death, sickness, or disease, I hereby waive, release and hold harmless from any liability for damages for personal injury including accidental death, sickness, or disease, as well as from claims for property damage which may arise in connection with the above named activity, the City of Temecula, its officers, agents, employees, volunteers and independent contractors. In case of accident or other emergency, personnel of the Community Services Department and/or its agents or independent contractors are hereby authorized to secure medical care deemed necessary as a result of accident or injury for the participant. I further agree to pay any and all costs incurred as a result of said treatment. I further permit the use of activity/event photography and/or video for media promotion.

1) A \$10.00 non-resident fee must be submitted with this form for each non-resident being added to a team. Add/Drop forms will not be accepted until the fees have been paid in full. All Add/Drops are non-refundable.

Dropping a non-resident and adding another non-resident does not offset the \$10.00 non-resident fee.

2) A copy of each player's driver's license/photo I.D. and utility bill (for residence verification) must be submitted with the add/drop form before it will be accepted.

~PLAYERS TO BE ADDED~

| Name | Signature | Street Address | City | Zip Code | Phone # |
|------|-----------|----------------|------|----------|---------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

~PLAYERS TO BE DROPPED~

| Name |
|------|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

For CSD Use Only:

| | | | |
|-----------------------|---------------------|------------------------|----------------------|
| Date Received: | Received by: | Effective Date: | Non-Resident: |
|-----------------------|---------------------|------------------------|----------------------|