



CHARLES COUNTY GOVERNMENT
Department of Recreation, Parks & Tourism

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RECREATION DIVISION
OFFICIAL ADD/DROP FORM – ADULT LEAGUES
Fall 2019 - Spring 2020

LEAGUE:

Check One, Add drop dates per season listed

- | | |
|---|---|
| <input type="checkbox"/> ADULT VOLLEYBALL
Fall: 11/13 Winter: 2/12 Spring: 4/22 | <input type="checkbox"/> WOMEN'S SOCCER
Fall: 9/26 Spring: 5/1 |
| <input type="checkbox"/> 18+ MEN'S BASKETBALL
Fall/Winter: 11/6 Winter/Spring: 3/25 | <input type="checkbox"/> ADULT KICKBALL
Fall: 9/26 Spring: 5/15 |
| <input type="checkbox"/> 30+ MEN'S BASKETBALL
Fall: 11/6 | <input type="checkbox"/> ADULT SOFTBALL
Fall: 9/26 Spring: 5/15 |
| <input type="checkbox"/> MEN'S SOCCER
Fall: 9/26 Spring: 5/1 | |

TEAM NAME: _____ **COACH'S NAME:** _____

COACH'S SIGNATURE: _____

COACH'S PHONE: C. _____ **H.** _____

COACH'S EMAIL: _____

Please drop: _____ from the official team roster.
(Player's Name)

Please add: _____ to the official team roster.
(Player's Name)

Address: _____

Phone: C. _____ **H.** _____ **Birth Date:** _____

Email: _____

INCOMPLETE FORMS WILL NOT BE ACCEPTED

PARTICIPANT'S AGREEMENT

I acknowledge, understand and accept that there are inherent risks associated with my participation in this program and that by doing so, I could incur an injury or damage. I acknowledge the fact that the Department of Recreation, Parks, and Tourism does not provide accident insurance to its program participants (participants must provide their own). I certify that to the best of my knowledge, I am physically fit and further agree that should this condition change at any time during the program, I will notify the administration of the Department of Recreation, Parks, and Tourism program concerning this matter. I authorize the Department of Recreation, Parks, and Tourism to take, display and publish photographs, slides or video tapes of me for promotional and/or educational purposes. I have read, understand and accept the terms of this Participant's Agreement as outlined here.

Participant's Signature: _____