



CHARLES COUNTY GOVERNMENT
Department of Recreation, Parks & Tourism

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 Director

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RECREATION DIVISION
OFFICIAL ADD/DROP FORM – ADULT LEAGUES
 Fall 2018-Spring 2019

LEAGUE: Check One, Add drop dates per season

- | | |
|--|---|
| <input type="checkbox"/> ADULT VOLLEYBALL
Fall: 11/16 Winter: 2/11 Spring: 4/15 | <input type="checkbox"/> WOMEN'S SOCCER
Fall: 9/21 Spring: 5/10 |
| <input type="checkbox"/> 18+ MEN'S BASKETBALL
Fall/Winter: 11/18 Winter/Spring: 3/10 | <input type="checkbox"/> ADULT KICKBALL
Fall: 9/27 Spring: 4/26 |
| <input type="checkbox"/> 30+ MEN'S BASKETBALL
Fall: 11/18 | <input type="checkbox"/> ADULT SOFTBALL
Fall: 9/27 Spring: 5/30 |
| <input type="checkbox"/> MEN'S SOCCER
Fall: 9/21 Spring: 4/26 | |

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

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

COACH'S SIGNATURE: _____ **/Date:** _____

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

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

Address: _____
 (Street) (City) (State) (Zip)

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

Email: _____

INCOMPLETE FORMS WILL NOT BE ACCEPTED

PARTICIPANT'S AGREEMENT

No confirmations will be sent. You may assume you are registered unless otherwise contacted. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming, inclement weather, or unavoidable/extenuating circumstances. I, agree to participate or as the child's parent and/or guardian, I allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I as a participant, or I as the child's parent and/or guardian, do hereby authorize the Charles County Government to take photographs and video of me/my child or my property for promotional and/or educational purposes. I do hereby authorize the Charles County Government to release the information for promotional purposes. I acknowledge that I have been informed that activities in which I/or my child participate may be shared through Charles County Government and Charles County Recreation, Parks and Tourism website and social media accounts, including photographs and live streaming videos, and I authorize and provide my consent for me/my child to being included in any such photographs or live streaming videos. I hereby state that this release is freely, willingly, and voluntarily made.

Participant's Signature: _____ **/Date:** _____