

TEAM NAME:

City of Beverly Hills Community Services Department 325 S. La Cienega Boulevard, Beverly Hills, CA 90211 League Coordinator: Jennifer Leuning ileuning@beverlyhills.org

(310) 285-6823 FAX (310) 659-1620 www.beverlyhillsadultsports.org

ADULT SPORTS ADD-DROP FORM

I acknowledge use of this sport facility requires courtesy towards its residential neighbors and I will refrain from littering and excessive noise and abide by street parking restrictions. As a participant in the Beverly Hills Adult Sports Leagues, I hereby acknowledge that my signature releases and discharges the City of Beverly Hills and all of its officers, agents, and employees from any and all liability for claims, injuries, or damage to person or property. As a team representative, I hereby certify that all of the below information is correct and in no way falsified.

MANAGER NAME:					
SPORT & DIVISION:					
ADD PLAYERS HERE	:				
a (12) twelve game season mus	om a team's roster after the (3rd) t complete this form and return ew player can be eligible to particed in his roster spot.	it to the league	coordinator no	later than 3:0	Opm on your team's
NAME (PRINT)	SIGNATURE	ADDRESS	CITY	ZIP	PHONE
1.					
2.					
3.					
4.					
DROP PLAYERS HERE:					
Once a player is dropped for any until the next season.	reason other than a legitimate in	jury, he is no lor	nger eligible to p	lay and cannot	be added again
1					
2					
Manager's Signature					Date