



2020 ADULT COED SLOW PITCH SOFTBALL DROP/ADD FORM

Roster Drop/Add deadline is October 16th, 2020

Team Name: _____ **Team Manager Name:** _____ **Phone:** _____

*Additions must be submitted AND approved **by 5pm the previous Friday** for the addition to play on Monday evening.*

Is the additional player replacing someone on the roster? (circle one) Yes / No

If so, who is the Addition replacing?

Have you expressly discussed the drop with the player coming off the roster? (circle one) Yes / No

Addition's Name:

Addition's Address:

Jersey Number:

Male/Female:

Date of Birth:

Email Address:

How many players will be on your roster if this drop/add is approved?

General Waiver: By signing below, I acknowledge that the Madison County Recreation Department does not carry insurance on participants in programs. Being aware of this situation and acknowledging that participation in any activity involves a certain degree of risk and injury; I hereby release the Madison County Recreation Department, their board, directors, employees, coaches, instructors, officials, and volunteers from any and all liability arising out of any injuries suffered by the above-said participant during this activity. I further agree to abide by the policies and procedures of the department, including, but not limited to the Madison County Recreation Department's Code of Conduct.

COVID-19 Waiver: COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal authorities and the State of Georgia recommend social distancing to prevent the spread of COVID-19. Contracting COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Use of Madison County Recreation Department (MCRD) facilities or participation in MCRD programs could increase the risk of you or your child contracting COVID-19. MCRD and its staff undertakes every effort to keep our facilities clean and disinfected; however, as with any public facility, we cannot guarantee that you will be 100% safe from contracting COVID-19 while using MCRD facilities or participating in its programs.

(Signature of Addition to Roster)

_____/_____/_____
(Date)

Official Use

D/T Rcvd:	Rcvd By:	Delv Mthd:
Apvd:	Apvd By:	D/T Apvd: