

1 Harry S Truman Parkway Annapolis, MD 21401 (410) 222-7865 Fax (410) 222-4120 website: www.aacounty.org/recparks

## ADULT SPORTS PLAYER ADD/DROP FORM

TO ADD PLAYERS: DATE:	SPORT:
TEAM:	LEAGUE:
PLAYERS NAME:	DOB:
ADDRESS:	
# & Street	City State / Zip
PRIMARY PHONE	ALTERNATE PHONE
E-MAIL	
	season of or until I am given my release in writing by ecorded in the offices of the A.A. County Department of Recreation and
	luntary and that A.A. County, its employees, and agents assume no rothers, absent those which are willfully or maliciously inflicted by the
I promise to carefully observe and abide by the	e rules and regulations of the A.A. Co. Department of Recreation & Parks.
By signing this I agree to abide by the Mid-Atla	ntic Recreation & Parks' Sports Alliance's Sports Code of Conduct.
ADULT SPORTS	PLAYER'S PLEDGE
■ I understand the importance of sportsmanship	and fair play.
<ul> <li>I understand the importance of respect for play</li> </ul>	yers, game officials and league organizers.
<ul> <li>I understand the importance of leaving the play</li> </ul>	ying field/gym in the same condition as I found it.
<ul> <li>I understand the importance of league rules an</li> </ul>	nd guidelines as necessary components of the game.
	s of the game officials and league organizers. I will not publicly tely after an athletic contest. Through my words and actions, I will
PLAYER'S SIGNATURE:	Date:
MANAGER'S NAME:	Phone:
MANAGER'S SIGNATURE:	Date:
TO DROP PLAYERS: DATE:	SPORT:
I hereby release	from the
(Name of Player)	(Team Name)
in for the	season. (Year)
MANAGER'S SIGNATURE:	Date: