NEW CASTLE COUNTY SPORTS OFFICE
EMERGENCY ROSTER ADDITION FORM

GENERAL GUIDELINES

Completed rosters, signed by each player, must be submitted to the Sports Office or its representative before the first game of the season. No changes may be made after the roster addition deadline. The Emergency Roster Addition Procedure is intended to assist a team who has forfeited a game or is in danger of forfeiting due to lack of players. In order to request an emergency addition, you must have the concurrence of at least three (3) opposing league managers. Only players who have not participated on another team in the NCC program during the current season may be added to a roster under the provisions of this rule. If the emergency roster addition is approved, the player is granted immediate permission to participate in the program and any requirements for their playoff eligibility may also be waived. If three (3) managers in the league contest the approved addition, a special review hearing will be conducted the NCC Sports Office.

INSTRUCTIONS

- ✓ Fill out the form below and obtain all necessary signatures. Complete one insurance waiver form for each added player.
- ✓ Indicate the need for the emergency roster addition by listing: a) the players dropped from the original roster; b) the players injured, the extent of injury, and expected date of return; c) the players unable to play for other reasons.
- ✓ Return entire form to the Sports Office for final approval or denial.

Team _____ League _____ Manager _____

Total players on current roster:_____ Active players on current roster:_____

JUSTIFICATION FOR EMERGENCY ROSTER ADDITION

PLAYER	ROSTER STATUS (Injury, work return date, etc...)	"X" to Drop
1.		
2.		
3.		
4.		

PLAYERS TO BE ADDED (a Participation Waiver Agreement must be included for each player)

The undersigned agrees to abide by the rules and regulations as established by this department and further state: AIn consideration of your accepting this entry, I hereby, for myself, heirs, executors, or administrators, waive and release any and all rights and claims for damages we may have against the New Castle County Department of Community Services, their agents, representatives, or assignees for any and all injuries which may be suffered by us during our participation.≅

PLAYER	ADDRESS	HOME PHONE	SIGNATURE
1.			
2.			
3.			
4.			

Date_____ Manager's Signature_____

AGREEMENT AMONG OPPOSING MANAGERS

SIGNATURE	TEAM	DATE
1.		
2.		
3.		

Approved_____ NCC Supervisor _____

Denied_____ Date_____

White Copy – Sports Office Yellow Copy - Manager