

ASA SOFTBALL ROSTER

YEAR _____ ASA DIST.# _____

TEAM NAME _____

DIV. _____ CLASS _____

MANAGERS NAME _____

LEAGUE _____

ADDRESS _____ E-MAIL _____

CITY _____

CITY _____ STATE _____ ZIP _____ PHONE (H) _____ (W) _____

FIELDOWNER _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players.
3. I release, discharge and agree not to sue the team, umpires, fieldowners and/or Amateur Softball Association.

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

PLAYER NAME	ADDRESS / ZIP	PHONE	PLAYER SIGNATURE
1.			
2.			
3.			
4.			
5.			
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20.			

ADDITIONS OR DELETIONS TO THIS ROSTER MUST BE FILED ON PROPER FORM NO LATER THAN JULY 1 OR PARTICIPATING

MANAGER SIGNATURE _____

DATE _____

COMMISSIONER SIGNATURE _____

PHONE _____

DATE _____