



NATIONAL SOFTBALL ASSOCIATION OFFICIAL YOUTH ROSTER

NOTICE
1. Player must personally
print and sign his/her
own name.

National Softball Association
P.O. Box 7
Nicholasville, KY 40340
(859) 887-4114
FAX: (859) 887-4874

STATE DIRECTOR _____
REGIONAL DIRECTOR _____
MANAGER FORM # _____
DATE _____

CITY/STATE _____

AGE (BIRTH) _____

TEAM NAME _____

TEAM MANAGER AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the N.S.A., I hereby agree for myself, successor, heirs and assigns, Release and forever discharge National Softball Association, Inc. (NSAA), their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against NSAA, its other Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by N.S.A., or by any person, corporation or association authorized by N.S.A. I further agree for myself, successor, heirs and assigns to indemnify and hold N.S.A., harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of participation while participating in the N.S.A., and from all judgments, recovery and from all expenses incurred in defending and claims on suit.

I further agree that my photographs, pictures, films or movie strips or made by N.S.A., their employees, officers and directors, in connection with my participation in the N.S.A., other Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by N.S.A., or by any person, corporation or association authorized by N.S.A. I further agree for myself, successor, heirs and assigns to indemnify and hold N.S.A., harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of participation while participating in the N.S.A., and from all judgments, recovery and from all expenses incurred in defending and claims on suit.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Do you have team insurance? YES NO

NAME OF INSURANCE CARRIER _____
Insurance Certificate Number _____

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	STREET ADDRESS, CITY, STATE	ZIP	DATE OF BIRTH	(A/C) HOME PHONE	PARENT-GUARDIAN SIGNATURE	RELATIONSHIP
1.				() ()	() ()		
2.				() ()	() ()		
3.				() ()	() ()		
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5.				() ()	() ()		
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8.				() ()	() ()		
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15.				() ()	() ()		
16.				() ()	() ()		
17.				() ()	() ()		
18.				() ()	() ()		
(19.)				() ()	() ()		
(20.)				() ()	() ()		

Team rosters must be submitted to Regional Director upon Qualifying for State or National Championship. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

N.S.A. Representative: Roster must be signed by all players. The player is immediately ineligible if a representative on more than one roster, unless the player has a written, notarized and signed by the team manager of the team for which the player will act as a manager. This release must be filed with the Regional Director before the team plays a tournament leading to a State or National Championship.

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above team and parent of all of the information specified above is correct to the best of my knowledge and that of the parent listed above is such bookkeeping and they are eligible to compete with my team in the championship play of the NSAA and I agree to be bound by the rules and regulations of NSAA. I also guarantee that if my team is a fourth center, all members of my team are members in good standing of the club to which we represent.

STATE DIRECTOR _____

SIGNATURE OF TEAM MANAGER _____
HOME PHONE: _____
OFFICE PHONE: _____
MANAGER'S NAME (PRINT) _____
MANAGER'S ADDRESS (PRINT) _____
CITY _____ STATE _____ ZIP _____

NOTE: A Birth Certificate Must Be Available For Each Participant In All N.S.A. Sanctioned Tournaments.