

TEAM ID#:

USA SOFTBALL OF NORTH DAKOTA - OFFICIAL ROSTER FORM

GREY SECTIONS ARE TO BE COMPLETED BY AUTHORIZED PERSONNEL ONLY

SPONSOR/TEAM NAME:

MANAGER'S NAME:

LEAGUE NAME & DIVISION:

MANAGER'S ADDRESS:

CLASSIFICATION:

MANAGER'S CITY & ZIP:

MANAGER'S PHONE:

MANAGER'S EMAIL:

READ THIS BEFORE SIGNING: THIS IS A RELEASE FROM LIABILITY. If you are a under 18 years of age, you must sign below and your parent or guardian must sign this form on the reverse side as well. In consideration of the right to participate in amateur softball, the undersigned agrees to waive any claim for loss or injury against USA Softball of North Dakota, its members, affiliates, affiliates' members, and sponsors for any accident or injuries to person or property.

TEAM ROSTER LIMITS: MAXIMUM - 20, All Divisions; MINIMUM - 12. ANY TEAM THAT HAS PLAYERS WHO PLAY FOR ANOTHER TEAM MUST COMPLETE THE REVERSE SIDE.

| | Print or Type PLAYER'S NAME | IF ON OTHER TEAMS OR NATIONAL DATABASE LIST HIGHEST CLASSIFICATION | DATE OF BIRTH (MM/YY) | Print or Type ADDRESS, CITY & ZIP |  | PLAYER'S SIGNATURE | STATE OFFICE ONLY | |
|----|--------------------------------|--|-----------------------------|--------------------------------------|---|--------------------|---------------------------------------|--------------|
| | | | | | | | PARENT/GUARDIAN SIGNATURE RECEIVED | DATE DROPPED |
| 1 | | | | | | | <input type="checkbox"/> | |
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| 20 | | | | | | | <input type="checkbox"/> | |
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"I hereby accept full responsibility for the conduct of all individuals connected with this team."

District Commissioner or League Representative

Manager's Signature:

Date:

Signature:

Date:

