TEAM ID#: USA SOFTBALL OF NORTH DAKOTA - OFFICIAL ROSTER FORM Grey Sections are to be completed by authorized personnel only SPONSOR/TEAM NAME: SPONSOR/TEAM NAME: Grey Sections are to be completed by authorized personnel only

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.

TE	AM ROSTER LIMITS: MAXIMUM - 20	, All Divisions;	MINIMUM - 12.	ANY TEAM THAT HAS PL	AYERS WHO PLAY FOR ANOTHER T	EAM MUST COMPLETE THE REV	ERSE SII	JE.	
				USA				STATE OFFICE Only	
	OTHER TEAMIC	MATIONAL DATABASE, LIST HIGHEST CLASSIFICATION HIGHEST CLASSIFICATION HILDHEST CLASSIFICATION (MM/M)		SOFTBALL			PARENT /GUARDIAN SIGNATURE RECEIVED DATE ADDED	ROPPED	
	Print or Type PLAYER'S NAME	BIRTH (MM/YY)	Print or Type ADDRESS, CITY & ZIP	of North Dakota		PLAYER'S SIGNATURE	PAREN Signat Date A	DATED	
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"	I hearby accept full responsibility for the cond	luct of all individua	als connected with this	team."	District Commissioner or League Represe	ntative		_	
Ν	lanager's Signature:		Date:		Signature:	Date:			

USA SOFTBALL OF NORTH DAKOTA - OFFICIAL ROSTER FORM

SPONSOR/TEAM NAME:

MANAGER: __

MUST BE COMPLETED BY EACH PLAYER WHO IS ROSTERED ON OTHER TEAM(S) AND/OR ON NATIONAL PLAYER DATABASE

PLAYER NAME	NATIONAL PLAYER Database classification	SPONSOR/TEAM NAME	CLASS	SPONSOR/TEAM NAME	CLASS

THIS FORM MUST BE SIGNED BY THE PARENT OR GUARDIAN OF PLAYERS LISTED ON A ROSTER WHO ARE UNDER THE AGE OF 18

READ THIS BEFORE SIGNING: THIS IS A RELEASE FROM LIABILITY. You are signing this form as a parent or guardian of a minor. In consideration of the right of a minor to participate in amateur softball, the undersigned agrees to waive any claim for loss or injury against the USA Softball of North Dakota, its members, affiliates, affiliations' members, and sponsors for any accidents or injuries to person or property.

PLAYER NAME	PARENT/GUARDIAN SIGNATURE	PLAYER NAME	PARENT/GUARDIAN SIGNATURE