

# USA SOFTBALL OF NORTH DAKOTA - OFFICIAL ROSTER REVISION FORM

THIS FORM MUST BE SIGNED BY EACH PLAYER BEING ADDED

LEAGUE NAME: \_\_\_\_\_ Date of Changes: \_\_\_\_\_

Division (check each category that applies):       Men's       Women's       Coed       Slow Pitch       Fast Pitch

**READ THIS BEFORE SIGNING:** THIS IS A RELEASE FROM LIABILITY. IF YOU ARE A MINOR, YOU MUST SIGN BELOW AND YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM AS WELL.

In consideration of the right of an adult or minor to participate in amateur softball, the undersigned player (or parent, if under 18) 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.

SPONSOR/TEAM NAME: \_\_\_\_\_ MANAGER: \_\_\_\_\_

**ADDITIONS (TEAMS MAY NOT ADD A NUMBER OF PLAYERS THAT PUTS THEIR TOTAL OVER THE ROSTER MAXIMUM OF 20 PLAYERS)**

<b>1</b>	PLAYER NAME	DATE OF BIRTH (MM/YY)	OTHER TEAMS & CLASSIFICATIONS
	ADDRESS	PLAYER SIGNATURE	NATIONAL PLAYER DATABASE CLASSIFICATION: _____
	CITY & ZIP	PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	1) _____ CLASS: _____ 2) _____ CLASS: _____ 3) _____ CLASS: _____

<b>2</b>	PLAYER NAME	DATE OF BIRTH (MM/YY)	OTHER TEAMS & CLASSIFICATIONS
	ADDRESS	PLAYER SIGNATURE	NATIONAL PLAYER DATABASE CLASSIFICATION: _____
	CITY & ZIP	PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	1) _____ CLASS: _____ 2) _____ CLASS: _____ 3) _____ CLASS: _____

<b>3</b>	PLAYER NAME	DATE OF BIRTH (MM/YY)	OTHER TEAMS & CLASSIFICATIONS
	ADDRESS	PLAYER SIGNATURE	NATIONAL PLAYER DATABASE CLASSIFICATION: _____
	CITY & ZIP	PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	1) _____ CLASS: _____ 2) _____ CLASS: _____ 3) _____ CLASS: _____

<b>4</b>	PLAYER NAME	DATE OF BIRTH (MM/YY)	OTHER TEAMS & CLASSIFICATIONS
	ADDRESS	PLAYER SIGNATURE	NATIONAL PLAYER DATABASE CLASSIFICATION: _____
	CITY & ZIP	PARENT/GUARDIAN SIGNATURE (IF UNDER 18)	1) _____ CLASS: _____ 2) _____ CLASS: _____ 3) _____ CLASS: _____

**DROPS (TEAMS MAY NOT DROP A NUMBER OF PLAYERS THAT REDUCES THEIR TOTAL UNDER THE ROSTER MINIMUM OF 12 PLAYERS)**

<b>1</b>	PLAYER NAME	<b>3</b>	PLAYER NAME	<b>5</b>	PLAYER NAME
<b>2</b>	PLAYER NAME	<b>4</b>	PLAYER NAME	<b>6</b>	PLAYER NAME

Completed Roster Revision Form will be the **ONLY** means of changing a roster. This form must be returned to the League Representative no later than Monday of each week in order to have the revised roster in the team's possession by that weekend.

\_\_\_\_\_  
LEAGUE REPRESENTATIVE OR COMMISSIONER SIGNATURE \_\_\_\_\_  
DATE