



OFFICIAL TEAM ROSTER FORM

Contact: 1-855-576-8522
 Email: info@internationalslowpitchsoftball.com
 Web: www.InternationalSlowPitchSoftball.com
 Facebook: www.Facebook.com/ISPSO
 Twitter: @ISPSO

990 Biscayne Blvd - Suite 503
 Miami, FL 33132

Date: _____
 State Director: _____

Notice: Each player MUST Sign his/her own name.

Team Name	Division (Bronze, Silver, Gold)	Mens/Womens/CoED	City/State	Sanction # (Office Only)

In consideration of being permitted to participate in the ISPS Leagues, Tournaments, Games and/or Events, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge ISPS, their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against ISPS for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the ISPS Games and/or Events - either Leagues or Tournaments. I further agree for myself, successor, heirs, and assigns to indemnify and hold ISPS harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation in the ISPS Leagues, Tournaments, Games and/or Events, and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken or made by ISPS, their employees, officers and directors, in connection with my participation in the ISPS Games and/or Events, either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by ISPS, or by any person, corporation or association authorized by ISPS. I am in good health and have no physical condition that would prevent me from participating in ISPS events. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND AGREE TO ABIDE BY ALL RULES & BYLAWS of the ISPS Note: Rule & bylaws available 24/7 at www.InternationalSlowPitchSoftball.com

PLAYER'S NAME	SIGNATURE	EMAIL	STREET ADDRESS - APT #	CITY/STATE	ZIP	DATE OF BIRTH	DL#	CELL #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

(Greg Fusco Rule) - Pitchers are REQUIRED to wear a safety mask. But Pitchers may waive this rule and decide not to wear a safety mask at their own risk and releasing any liabilities if ANY injury occurs. WILL YOUR PITCHER(S) WEAR A SAFETY MASK?

YES - OUR PITCHER(S) WILL WEAR SAFETY MASKS

NO - OUR PITCHER(S) WILL NOT WEAR SAFETY MASKS AND WAIVE ANY LIABILITES IF ANY INJURIES OCCUR.

ISPS Requirements: ALL Participants must be listed on the roster with all information correct and complete. Roster must be personally filled out by all players. Complete list of ISPS Roster Rules & bylaws go online to www.InternationalSlowPitchSoftball.com TEAM MEMBERS MUST BE ABLE TO PROVIDE A GOVERNMENT ISSUE PHOTO I.D. AT ANY TIME.

**COACH/TEAM
MANAGER
AFFIDAVIT**

I am the coach/manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the players filled out form above. The players are eligible to compete with my team in the championship play of the ISPS and agree to be bound by the rules and bylaws of ISPS. I understand that it is my responsibility to know the rules and bylaws of ISPS, and that ignorance of a rule or bylaw does not negate the penalty for myself or my team.

MANAGER'S NAME

MANAGER'S EMAIL

MANAGER'S
ADDRESS

MANAGER'S CELL #

SIGNATURE OF TEAM MANAGER: **X:**