



Team Name: _____

Division: _____

	PLAYER NAME (First and Last)	PLAYER BIRTHDATE	PLAYER #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

ACKNOWLEDGEMENT BY COACH/TEAM REPRESENTATIVE: My signature below acknowledges that I agree to and verify the following: 1) I consent and agree to assume the risks of participation in these programs for my organization and its participants; 2) that I specifically release and agree to indemnify Southeastern Fastpitch Inc. from any and all liabilities incident to any participant's involvement or participation in these programs as provided above even if arising from the negligence of the releases or others. 3) The above roster is true and accurate and the date of birth associated with each player is correct.

Signature: _____

Date: _____

Coach Name: _____

Phone: _____