

TEAM ID#:

# USA SOFTBALL OF NORTH DAKOTA - 5x5x5 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 minor, 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.

**5x5x5 TEAM ROSTER LIMITS: MAXIMUM - 8; MINIMUM - 5. LEAGUE LIMITS MAY VARY. CHECK WITH YOUR LOCAL LEAGUE.**

	Print or Type PLAYER'S NAME	IF ON OTHER TEAM(S) OR NATIONAL DATABASE, LIST HIGHEST CLASSIFICATION	DATE OF BIRTH (MM/YY)	Print or Type ADDRESS, CITY & ZIP		STATE OFFICE ONLY		
						PARENT/GUARDIAN SIGNATURE RECEIVED	DATE ADDED	DATE DROPPED
1					PLAYER'S SIGNATURE	<input type="checkbox"/>		
2						<input type="checkbox"/>		
3						<input type="checkbox"/>		
4						<input type="checkbox"/>		
5						<input type="checkbox"/>		
6						<input type="checkbox"/>		
7						<input type="checkbox"/>		
8						<input type="checkbox"/>		
						<input type="checkbox"/>		
						<input type="checkbox"/>		

**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 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

"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: