



CHAMPIONSHIP ROSTER - OFFICIAL WAIVER, RELEASE OF LIABILITY & INDEMNIFICATION

YEAR	TEAM NAME	CITY & STATE	DIVISION & CLASS
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PR	PLAYER NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE	INITIALS*
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				

- 1) Each adult player should read the statements on attached documents before completing and signing this roster.
- 2) Parents/Guardians signature should be on the same numbered line above as the players' name.
- 3) Players are subject to the USA Softball Drug Control Procedures and Policies as provided in the USA Softball Code.

*By initialing in the column above, you acknowledge you have read and understand the attached liability waiver and player affidavit information.

NOTE: Team accident insurance is not provided for USA Softball National Championship play. USA Softball has made available the voluntary purchase of team accident insurance. See your USA Commissioner for information.