



NSA Official ADULT Roster

HUGH CANTRELL
PRESIDENT
(859) 887-4114

NSA
P.O. BOX 7
NICHOLASVILLE, KY 40340

NOTICE: Each player must personally sign his/her own name.

STATE DIRECTOR

ZONE DIRECTOR

TEAM NAME

TEAM CLASS

CITY / STATE

SANCTION /REGISTRATION #

DATE

TEAM MANAGER AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the N.S.A., I hereby agree for myself, successor, heirs and assigns, Release and forever discharge National Softball Association (N.S.A.), their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against N.S.A. for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the N.S.A. - either Leagues or Tournaments. I further agree for myself, successor, heirs, and assigns to indemnify and hold N.S.A. 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 N.S.A., 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 N.S.A., their employees, officers and directors, in connection with my participation in the N.S.A. either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by N.S.A., or by any person, corporation or association authorized by N.S.A. I am in good health and have no physical condition that would prevent me from participating in N.S.A. events. N.S.A. is an affiliated company of N.S.A.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	STREET ADDRESS - APT #	CITY	STATE	ZIP	DOB	DRIVERS LIC. #	(A/C) HOME PHONE
1.								()
2.								()
3.								()
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17.								()
18.								()
(19.)								()
(20.)								()

N.S.A. Requirements: Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one roster, unless the player has a written release dated and signed by the team manager of the team for which the player will not be a member. The release must be filed with the

State Director before the teams play in a tournament leading to a State or National Championship. Team Rosters must be submitted to Regional Director upon Qualifying for State or National Championship. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

TEAM MANAGER AFFIDAVIT

I am the 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 signed the above in their handwriting and they are eligible to compete with my team in the championship play of the NSA and agree to be bound by the rules and regulations of NSA. I also guarantee that if my team is a church team, all members of my team are members in good standing of the church that we represent.

SIGNATURE OF CHURCH PASTOR OR ELDER _____

SIGNATURE OF TEAM MANAGER

MANAGER'S NAME (PRINT)

HOME PHONE () _____

MANAGER'S ADDRESS (PRINT)

OFFICE PHONE () _____

CITY STATE ZIP