

TEAM NAME _____ SANCTION/MEMBERSHIP NUMBER _____
 CLASS _____ DATE OF TRNY MM-DD-YYYY _____ CITY OF TOURNAMENT _____ STATE OF TOURNAMENT _____ PARK NAME _____
 TOURNAMENT NAME _____ DIRECTOR NAME _____



**** READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING. EACH PERSON IS REQUIRED TO INDIVIDUALLY SIGN THE ROSTER. ****

In consideration of being permitted to participate in the National Softball Association (NSA), I hereby agree for myself, successor, heirs and assigns, Release and forever discharge NSA, their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against NSA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the NSA either Leagues or Tournaments. This includes any possible exposure to and illness from infectious diseases including, but not limited to, MRSA, influenza, and COVID-19. I (and said minor child, if applicable) acknowledge that if I (or said minor child) have had a diagnosis of, or symptoms consistent with, any infectious disease within 14 days preceding any affiliated and sanctioned event, then I (or said minor child) will not participate in that event until cleared by an appropriate medical professional. I further agree for myself, successor, heirs, and assigns to indemnify and hold NSA 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 NSA 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 NSA, their employees, officers and directors, in connection with my participation in the NSA either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by or by any person, corporation or association authorized by NSA. I am in good health and have no physical condition that would prevent me from participating in NSA events. **I, THE UNDERSIGNED, HAVE READ and UNDERSTAND THE FOREGOING RELEASE and AGREE TO ABIDE BY ALL RULES & BYLAWS of the NSA. Note: Rule book with bylaws available 24/7 at www.PlayNSA.com I am aware that TEAM INSURANCE is available for all NSA sanctioned teams to purchase. Insurance details are available at www.PlayNSA.com - then select the Insurance link.** DOB: MM/DD/YYYY

PLAYER'S NAME - PRINT or TYPE	PLAYER'S SIGNATURE	NSA PLAYER NUMBER -OR- DL#	DATE of BIRTH
1.			
2.			
3.			
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20.			

NSA Requirements: ALL Participants must be listed on the roster with all information correct and complete. Roster must be personally signed by all players. Complete list of **NSA PAPER Roster Event Rules & bylaws** see rule book online at www.PlayNSA.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 signed the above in their handwriting. The players are eligible to compete with my team in the NSA PAPER ROSTER Tournament and agree to be bound by the rules and bylaws of NSA. I understand that it is my responsibility to know the rules and bylaws of NSA, and that ignorance of a rule or bylaw does not negate the penalty for myself or my team. **If the coach/manager is also a player, they must also be listed & sign in the player section.**

COACH/MANAGER'S NAME (PRINT) _____ EMAIL for COACH/MANAGER _____
 COACH/MANAGER'S ADDRESS (PRINT) _____ CITY _____ STATE _____ ZIP _____



PHONE # _____