NORTH DAKOTA AMATEUR SOFTBALL ASSOCIATION

OFFICIAL ROSTER ADDITION FORM

THIS FORM MUST BE SIGNED BY EACH PLAYER BEING ADDED

LEAGUE NAME _____ Date of Changes _____, 201_

DIVISION: (Circle each category) Men's Women's Slow Pitch Fast Pitch

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 as well.

In consideration of the right of an adult or a minor to participate in amateur softball, the undersigned player (or parent if under 18) agrees to waive any claim for loss or injury against the North Dakota Amateur Softball Association, its members, affiliates, affiliations' members, and sponsors, for any accident or injuries to person or property.

SPONSOR'S/TEAM NAME _____

ADD (Print or type)

NAME	BIRTH DATE MO/YR	PLAYER OR GUARDIAN SIGNATURE	IF ON ANOTHER ROSTER, (PRINT) TEAM & CLASSIFICATION	CLASS
1.			1.	( )
			2.	( )
ADDRESS CITY			3.	( )

ADD (Print or type)

NAME	BIRTH DATE MO/YR	PLAYER OR GUARDIAN SIGNATURE	IF ON ANOTHER ROSTER, (PRINT) TEAM & CLASSIFICATION	CLASS
1.			1.	( )
			2.	( )
ADDRESS CITY			3.	( )

Completed Roster Revision Form will be the **ONLY** means of changing roster. This form must returned to the League Rep no later than Monday of each week in order to have the revised roster in team's possession by that weekend. Do not allow any added players to participate in any tournament until the team receives their copy of the revised roster.

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LEAGUE REPRESENTATIVE OR COMMISSIONER DATE

Rev. 3/2002