



NFSA Fastpitch Team Roster

Date _____

TEAM NAME _____ AGE GROUP _____ CITY/STATE _____ SANCTION # _____

TEAM PLAYERS, MANAGERS AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in NFSA activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge NFSA, their employees, owners, officers and directors from all claims, actions or judgements I may have or claim to have against NFSA for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in NFSA activities. I further agree for myself, successor, heirs and assigns to indemnify and hold NFSA harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in NFSA, and from all judgements recovered and from all expenses incurred in defending said claims or suits.

I further agree that my photographs, pictures, slides or movies taken by NFSA, its employees, officers and directors, in connection with my participation in NFSA or any reproduction of the same, as well as my name, may in any manner be used by NFSA or by any person, corporation or association authorized by NFSA. I am in good health and have no physical condition that would prevent me from participating in NFSA events.

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

Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF INSURANCE CARRIER _____
Insurance Certificate Number _____

#	Print or Type Player's Name	Player's Signature	Street Address, City State	Zip	Birth Date	(A/C) Home Phone	Parent Guardian Signature	Relationship
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NFSA 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 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 NFSA National office before the team plays in a tournament. Team rosters must be submitted to NFSA National office upon Entering the State Championship. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

TEAM MANAGER'S 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 NFSA events and agree to be bound by the rules and regulations of NFSA.

_____	_____
Signature of Team Manager	Managers' Name (Print)
Home Phone: () _____	_____
Office Phone: () _____	Manager's Address (Print)
	City State Zip

Note: A birth certificate must be available for each participant in NFSA events at the event.