



2009 CSSA ROSTER FORM

Clean and Sober Softball Association
P.O. Box 14244
Mill Creek, WA 98082



(ANNUAL FEES: ADULT TEAMS \$40.00)

(INDEPENDENT TEAMS \$60)

Team Name: \_\_\_\_\_ Name Last Season: \_\_\_\_\_
Manager's Name: \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_
Address: \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
City of League: \_\_\_\_\_ E-Mail: \_\_\_\_\_
Division: \_\_\_\_\_ Classification: \_\_\_\_\_

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, heirs and assigns, release and forever discharge National Softball Association, Inc., (N.S.A.), their employees, officers, and directors from all claims, actions or judgements 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 an or arising out of my participation in the N.S.A. - either Leagues or Tournaments. I further agree for myself, successors, 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 my act of omission arising out of participation in the N.S.A., and from all judgements recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures 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 League 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 the N.S.A. events.

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

PRINT OR TYPE PLAYERS NAME

PLAYERS SIGNATURE

1. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
2. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
3. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
4. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
5. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
6. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
7. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
8. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
9. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
10. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
11. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
12. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
13. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
14. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
15. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
16. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
17. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
18. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
19. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_
20. NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

REQUIREMENTS: Weekend Lineup must be signed by all players. The player is automatically ineligible if a signature appears on more than one weekend lineup, 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 filled out with the State Director before the teams play in a tournament. 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 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 N.S.A. tournament play and agree to be bound by the rules and regulations of N.S.A. I also guarantee that if my team is a church team, all members of my team are members in good standing of the church we represent.

MANAGER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_