



NSA Official ADULT Roster

NSA National Office: (859) 887-4114

NSA P.O. BOX 7
NICHOLASVILLE, KY 40340

NOTICE: EACH PLAYER & Manager MUST PERSONALLY SIGN HIS/HER OWN NAME.

STATE DIRECTOR _____

TEAM NAME _____

TEAM CLASS _____

(MEN / WOMEN / COED) _____

CITY / STATE _____

SANCTION / REGISTRATION # _____

DATE _____

TEAM MANAGER/COACH AND PLAYERS 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 N.S.A., I hereby agree for myself, successor, heirs and assigns, Release and forever discharge National Softball Association, Inc (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. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND AGREE TO ABIDE BY ALL RULES & BYLAWS of the N.S.A. Note: Rule book with bylaws available 24/7 at www.PlayNSA.com I am aware that TEAM INSURANCE is available for all N.S.A. sanctioned teams to purchase. Insurance details and rates are available at www.PlayNSA.com - then select the Insurance link.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	STREET ADDRESS - APT #	CITY	STATE	ZIP	DOB	DRIVERS LIC. #	(A/C) HOME PHONE
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N.S.A. 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 Roster 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 championship play of the NSA 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.

SIGNATURE OF COACH/TEAM MANAGER _____

COACH/MANAGER'S NAME (PRINT) _____

EMAIL for COACH/MANAGER _____

COACH/MANAGER'S ADDRESS (PRINT) _____

CITY, _____

STATE _____

ZIP _____

CELL # _____

EVENING PHONE _____

DAY PHONE _____