ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM

20____ ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER_____

Year — Team Name — City & State — Division & Classification of Championship Play (men/women/boys/girls; slow pitch/fast pitch; 18-under; church, etc.)

1) Each adult player should read the statement on opposite side before completing and signing this roster.
2) Parents/Guardians signature should be on the same numbered line below as the players' name.
3) Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code.

NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

***By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.**

PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	EMAIL ADDRESS (optional)	INITIALS*
1.					
2.					
3.					
4.					
5.					
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