OFFICIAL ROSTER

STATE DIRECTOR

REGIONAL DIRECTOR

TEAM | CLASS | CITY/STATE | REG. NO.

TEAM MANAGER AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the ISA, I hereby agree for myself, successor, heirs and assigns, Release and forever discharge Independent Softball Association, Inc. (ISA), their employees, officers and directors from all claims, actions or judgements I may have or claim to have against ISA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the ISA either Leagues or Tournaments. I further agree for myself, successor, heirs and assigns to indemnify and hold ISA 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 ISA 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 or made by ISA, their employees, officers and directors, in connection with my participation in the ISA either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by ISA, or by any person, corporation or association authorized by ISA.

I am in good health and have no physical condition that would prevent me from participation in ISA events.

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

PRINT OR TYPE PLAYERS NAME	PLAYERS SIGNATURE	STREET ADDRESS, CITY, STATE (PRINT)	ZIP	HOME PHONE	EMAIL ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					

ISA 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 a written release dated and signed by the team manager of the team for which the player will not be a member. By signing, I am aware of the penalties for using or possessing an altered bat. Failure to surrender bat upon request will result in immediate suspension. The release must be filed with the Regional Director before the teams play in a tournament leading to a State or National Championship Team rosters must be submitted to State Director upon Qualifying for State or National 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 the championship play of the ISA and agree to be bound by the rules and regulations of ISA. I also guarantee that if my team is a church team, all members of my team are members in good standing of the church that we represent.

SIGNATURE OF CHURCH PASTOR OR ELDER

SIGNATURE OF TEAM MANAGER

HOME PHONE / WORK PHONE

EMAIL

MANAGERÕS NAME (PRINT)

MANAGERÕS ADDRESS (PRINT)

CITY STATE ZIP