



NSA Official YOUTH Roster

HUGH CANTRELL
PRESIDENT (859) 887-4114

NSA
P.O. BOX 7 NICHOLASVILLE, KY 40340

NOTICE: Each player & Parent/Guardian must personally sign his/her own name.

STATE DIRECTOR

TEAM NAME

AGE GROUP

CLASS

CITY / STATE

SANCTION / REGISTRATION #

DATE

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, 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

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	STREET ADDRESS - APT #	CITY	STATE	ZIP	DOB	PARENT- Guardian SIGNATURE	RELATIONSHIP
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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 and parent or guardian. Parent or Guardian signature required for all players not of legal age. Complete list of NSA Roster Rules & bylaws see rule book online at www.PlayNSA.com
COACH/MANAGER MUST BE ABLE TO PROVIDE FOR EACH PLAYER: A COPY of BIRTH CERTIFICATE or 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 & Parent or Guardian 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 () _____