



# USFA Fastpitch Roster

Player must personally print  
and sign her own name

DIRECTOR  
SANCTION FORM # \_\_\_\_\_  
Date \_\_\_\_\_

TEAM NAME \_\_\_\_\_ AGE GROUP \_\_\_\_\_ CITY/STATE \_\_\_\_\_

TEAM PLAYERS, MANAGERS AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING

Do you have insurance? \_\_\_ Yes \_\_\_ No

In consideration of being permitted to participate in USFA activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge USFA, their employees, owners, officers and directors from all claims, actions or judgements I may have or claim to have against USFA for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in USFA activities. I further agree for myself, successor, heirs and assigns to indemnify and hold USFA harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in USFA, and from all judgements recovered and from all expenses incurred in defending said claims or suits.

NAME OF INSURANCE CARRIER \_\_\_\_\_  
Insurance Certificate Number \_\_\_\_\_

I further agree that my photographs, pictures, slides or movies taken by USFA, its employees, officers and directors, in connection with my participation in USFA or any reproduction of the same, as well as my name, may in any manner be used by USFA or by any person, corporation or association authorized by USFA. I am in good health and have no physical condition that would prevent me from participating in USFA events.  
**I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.**

#	Print or Type Player's Name	Player's Signature	Street Address, City State	Zip	Birth Date	(A/C) Home Phone	Parent-Guardian Signature	Relationship
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**USFA 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 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 filed with USFA National office before the team plays in a tournament. Team rosters must be submitted to USFA National office upon Qualifying for World 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 USFA events and agree to be bound by the rules and regulations of USFA.

Signature of Team Manager \_\_\_\_\_  
Managers' Name (Print) \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Manager's Address (Print) \_\_\_\_\_  
Office Phone: ( ) \_\_\_\_\_  
City State Zip

Note: A birth certificate must be available for each participant in USFA events at the event.