

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER LLTC

Year: _____ Team Name: _____ City & State: _____ Division & Classification of Championship Play: _____
(men, women, boys, girls, slow pitch, fast pitch, 18-under, crunch, etc.)

- 1) Each 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	PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	EMAIL ADDRESS (optional)	INITIALS*
1. Mike Fairbanks					
2. Grant Graves					
3. Donnie Harrison					
4. Juel Fairbanks					
5. Tom Fairbanks					
6. Vernon Howard					
7. Derride Brown					
8. Todd Miller					
9. Norman Kingbird					
10. Barn Kingbird					
11. Jim Bowstring					
12. Devery Fairbanks					
13. William Kingbird					
14. Elliot Gillis					
15. Mark Rainey					
16. Corey Mitter					
17.					
18.					
19.					
20.					