

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

SLMB

Year _____ Team Name _____ City & State _____ Division & Classification of Championship Play (men/women/boys/girls, slow pitch/fast pitch, 18-under, church, 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.
 *By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.

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.

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. Julie Boe		Julie Boe			JB
2. Lois Anderson		Lois Anderson			LA
3. Pam Porter		2 Pam Porter			PP
4. Mari Lundberg		Mari Lundberg			ML
5. Erica Tamayo		Erica Tamayo			ET
6. Ann Maki		Ann Maki			AM
7. Stacy Larson		Stacy Larson			SL
8. Nicole Stevens		Nicole Stevens			NS
9. Bre Obersehmid		Bre Obersehmid			BO
10. Kate Merritt		Kate Merritt			KM
11. Ashlee Boe		Ashlee Boe			AB
12. Paula Maki		Paula Maki			PM
13. Stacy Smith		Stacy Smith			SS
14. Karshba Reiersen		Karshba Reiersen			KR
15. Jenna Port		Jenna Port			JP
16. Tammy Lindgren					
17.					
18.					
19.					
20.					