

BEMIDJI AREA SOFTBALL ASSOCIATION (BASA)  
 David White, League Director 759-0854

OFFICIAL TEAM ROSTER  
 PLAYER WAIVER, RELEASE OF LIABILITY

MANAGER'S NAME: Joe Genes MAILING ADDRESS: 15209 Thoren Dr NW Solway MN 56678

TEAM NAME: Dondelinger TELEPHONE - HOME: 218-368-2853-CELL TELEPHONE - WORK: 751-1220

MEN'S: DIV I      DIV II      DIV III X 35+      WOMEN'S: DIV I      DIV II     

PLAYER STATEMENT: Each player shall read the following statements before signing the roster. I am a member in good standing of the above team and I am eligible under local sports community and ASA-MSF eligibility rules to compete with this team in local sports community and ASA-MSF tournament play. I agree to abide by the rules and regulations established for local sports community and ASA-MSF play. HOLD HARMLESS WAIVER OF LIABILITY: I, the undersigned player, acknowledge, agree and understand that: 1. I understand that there are and voluntarily elect to accept and assume all risks of injury incurred or suffered by me while participating in softball. 2. I release, discharge and agree not to sue the team, league, or BASA Board for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause.

PLAYER NAME	ADDRESS	PHONE	DOB	SIGNATURE
1. Tim Mack				
2. Joe Genes				
3. Pete Macle				
4. MATT SKOEN				
5. Tim Anderson				
6. Kevin Philian				
7. Tyler Curran				
8. Nelson Moberg				
9. Rob Thibert				
10. Aaron Olson				
11. Pablo Gonzalez				
12. JOE LIVINGSTON				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				