

BEMIDJ. REA SOFTBALL ASSOCIATION (BASA)
 David White, League Director 759-0854

OFFICIAL TEAM ROSTER
 PLAYER WAIVER, RELEASE OF LIABILITY

MANAGER'S NAME: JEREMY LEFFELMAN
 MAILING ADDRESS: 10946 SPRING DR NW BEMIDJI MN 56601
 TEAM NAME: FARBER ELECTRIC
 TELEPHONE - HOME: 218-444-0757
 TELEPHONE - WORK: 218-694-4221

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. JEREMY LEFFELMAN				
2. John Carlson				
3. Bob Krauss				
4. Steve Shadrnick				
5. Michael Church				
6. Todd Farber				
7. Jake Mellera				
8. GABE ADRISSON				
9. Joseph Haman				
10. MATT SAHL				
11. Derek Claypool				
12. Joe Frohreich				
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