

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

OFFICIAL TEAM ROSTER  
 PLAYER WAIVER, RELEASE OF LIABILITY

MANAGER'S NAME: Tom Ulve / Peter Bank MAILING ADDRESS: 201 Stoner AVE SE Bemidji MN 56601  
 TEAM NAME: Legion/Highlife TELEPHONE - HOME: 444-4813 TELEPHONE - WORK: 368-8773/368-9730

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. PETER BANK				<i>Peter Bank</i>
2. RYAN MARDIN				<i>Ryan Mardin</i>
3. BEN BANK				<i>Ben Bank</i>
4. ERIC NEVINS				<i>Eric Nevins</i>
5. JOE GARRISON				<i>Joe Garrison</i>
6. JAMES ANDERSON				<i>James Anderson</i>
7. JUSTIN HALLEY				<i>Justin Halley</i>
8. CHRIS HOFFMAN				<i>Chris Hoffman</i>
9. TIM ULVE				<i>Tim Ulve</i>
10. TOM ULVE				<i>Tom Ulve</i>
11. ROB BANK				<i>Rob Bank</i>
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