

**BEMIDJI AREA SOFTBALL ASSOCIATION (BASA)
DAVID WHITE, LEAGUE DIRECTOR (760-6668)**

**OFFICIAL TEAM ROSTER
PLAYER WAIVER, RELEASE OF LIABILITY**

Jenna Johannsen
MANAGER'S NAME

Medical Marvels
TEAM NAME

218-556-0317
TELEPHONE - HOME

218-556-0317
TELEPHONE - CELL

MEN'S: DIV I _____ DIV II _____ DIV III _____ WOMEN'S COED _____

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 BASA and ASA eligibility rules to compete with this team in BASA league play. I agree to abide by the rules and regulations established for BASA and ASA 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, BASA 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	D.O.B.	SIGNATURE
1. Jenna Johannsen				
2. Shelby Erickson				
3. Briana Fleischhacker				
4. Lauren Berg				
5. Laurel Britten				
6. Elsen Sarafan				
7. ALISON PETKOVSKY				
8. Marije Carlson				
9. Kara Draeger				
10. Heather Reese				
11. Sheena Reese				
12. Mollie Exner				
13. Haley Murry				
14. Hannah Alexander				
15. Ashley Hamm				
16. Katie Carlson				
17. Beth Nielsen				
18.				
19.				
20.				