NSA Official YOUTH Roster

HUGH CANTRELL - PRESIDENT
(859) 887-4114

NSA P.O. BOX 7
NICHOLASVILLE, KY 40340

NOTICE: COACH/MANAGER AND EACH PARENT or GUARDIAN MUST PERSONALLY SIGN HIS/HER OWN NAME.

STATE DIRECTOR

TEAM NAME | AGE GROUP | CLASS | CITY / STATE | SANCTION /REGISTRATION # | DATE

TEAM MANAGER/COACH, PARENT or GUARDIAN READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING. EACH PARENT OR GUARDIAN MUST PERSONALLY SIGN HIS/HER OWN NAME.

In consideration of being permitted to participate in the N.S.A., and on behalf of my minor child/children identified below, I and said child hereby agree for myself, said child, successor, heirs and assigns, release and forever discharge National Softball Association, Inc (N.S.A.), their employees, officers, and directors from all claims, actions or judgments that I or said minor child may have or claim to have against N.S.A. for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the N.S.A. - either leagues or tournaments. I and said minor further agree for myself, said child, successor, heirs, and assigns to indemnify and hold N.S.A. harmless from all claims and suits for personal injuries, including death, damages to property caused by act of omission arising out of participation in the N.S.A., and from all judgments recovered and from all expenses incurred in defending said claims or suits. By signing this I and my minor child further agree that photographs, pictures, slides or movies taken or made by N.S.A., their employees, officers and directors, in connection with my participation in the N.S.A. either Leagues or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by N.S.A., or by any person, corporation or association authorized by N.S.A. My minor child is in good health and has no physical condition that would prevent them from participating in N.S.A. events. I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE **AND AGREE TO ABIDE BY ALL RULES & BYLAWS of the N.S.A.** **Note: Rule book with bylaws available 24/7 at www.PlayNSA.com** **I am aware that TEAM INSURANCE is available for all N.S.A. sanctioned teams to purchase. Insurance details and rates are available at www.PlayNSA.com - then select the Insurance link.**

PRINT OR TYPE PLAYER'S NAME	STREET ADDRESS - APT #	CITY	STATE	ZIP	DOB	PRINT Parent or Guardian NAME	PARENT- Guardian SIGNATURE	RELATIONSHIP
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N.S.A. Requirements: ALL Participants must be listed on the roster with all information correct and complete. Roster must be personally signed by a parent or guardian.
Complete list of NSA Roster Rules & bylaws see rule book online at www.PlayNSA.com
COACH/MANAGER MUST BE ABLE TO PROVIDE FOR EACH PLAYER: A COPY of BIRTH CERTIFICATE or GOVERNMENT ISSUE PHOTO I.D. AT ANY TIME

COACH/TEAM MANAGER AFFIDAVIT

I am the coach/manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the Parents or Guardians signed the above in their own handwriting. The players are eligible to compete with my team in the championship play of the NSA and agree to be bound by the rules and bylaws of NSA. I understand that it is my responsibility to know the rules and bylaws of NSA, and that ignorance of a rule or bylaw does not negate the penalty for myself or my team.

SIGNATURE OF COACH/TEAM MANAGER _____

COACH/MANAGER'S NAME (PRINT) | EMAIL for COACH/MANAGER

COACH/MANAGER'S ADDRESS (PRINT) | CITY, | STATE | ZIP

CELL # ( ) _____ EVENING PHONE ( ) _____ DAY PHONE ( ) _____