



Southern Softball Association of America

Official Team Roster Form and Tournament Form

_____ PLACEMENT
_____ POINTS
_____ BERTH (STATE/WORLD)

Team Name _____ Sanction Card No. _____
Mgr/Coach's Name _____ Hm Phone () _____
Street Addr _____ Wk Phone () _____
City _____ State _____ Zip _____ Cell () _____
E-mail _____

- WOMEN'S CLASS B C D MEN'S CLASS A B C D E & Rec. E MASTER'S
 BLACK AMERICAN CO-ED CHURCH INDUSTRIAL ARMED FORCES NATIVE AMERICAN
ALL PLAYERS ARE REQUIRED TO HAVE PROPER IDENTIFICATION AT ALL TIMES (DRIVER'S LICENSE)

EACH PLAYER MUST SIGN OWN NAME

SIGN NAME	PRINT NAME	SIGN NAME	PRINT NAME
1 _____	_____	11 _____	_____
2 _____	_____	12 _____	_____
3 _____	_____	13 _____	_____
4 _____	_____	14 _____	_____
5 _____	_____	15 _____	_____
6 _____	_____	16 _____	_____
7 _____	_____	17 _____	_____
8 _____	_____	18 _____	_____
9 _____	_____	19 _____	_____
10 _____	_____	20 _____	_____

PLAYER AGREEMENT FOR PARTICIPATION

I, the above said player, do hereby, in consideration of participation in the SSAA Women's, Men's, or Youth Program, do hereby, for myself, my heirs, executors and administrators, waive and release any and all said rights and claims that I might have against the SSAA, the local metro and state association, its sponsors, their agents or representatives, for any and all injuries or losses sustained, arising out of any injuries or losses suffered by said player, myself, while competing in or in connection with the play of SSAA, and hereby contract and agree to hold the SSAA harmless and to indemnify it from and on account of any damage suffered or sustained by SSAA by reason of said player, myself, being injured.

MANAGER and/or COACH AGREEMENT FOR PLAYERS TO PARTICIPATE

I, the Manager and/or Coach, of the above named player, or players, do hereby, in consideration of permitting said player or players to participate in the SSAA Women's, Men's, or Youth Program, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I might have against the SSAA, the local metro and state association, its sponsors, their agents or representatives, for any and all injuries or losses sustained, arising out of any injuries or losses suffered by said player or players while competing in or in connection with the play of SSAA, and hereby contract and agree to hold the SSAA harmless and to indemnify it from and on account of any damage suffered or sustained by SSAA by reason of said player or players or myself being injured.

- TEAM MANAGER'S AFFIDAVIT -

I, the Manager of the above team, do hereby state that all of the information above is correct and that this roster does not include any assumed names and that each player confirms to the rules governing SSAA Team Membership. I further agree that each player has full knowledge and has approved of his or her name being placed on the above roster. I agree to accept all terms specified in Conditions of Entry.

Date _____ Manager's Signature _____

Date _____ SSAA Director's Signature _____