

Player must personally print and sign her own name.



TEAM NAME

AGE GROUP

CITY/STATE, ZIP

DIRECTOR SIGNATURE

DATE

TEAM PLAYERS, MANAGERS, AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in FASA activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge FASA, their employees, owners, officers and directors from all claims, actions or judgments I may have or claim to have against FASA for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in FASA activities. I further agree for myself, successor, heirs and assigns to indemnify and hold FASA harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in FASA, and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken by FASA, its employees, officers and directors, in connection with my participation in FASA or any reproduction of the same, as well as my name, may in any manner be used by FASA or by any person, corporation or association authorized by FASA. I am in good health and have no physical condition that would prevent me from participating in FASA events.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Name of Insurance Carrier

INSURANCE CERTIFICATE #

#	Print or Type Player's Name	Player's Signature	Street Address, City State	Zip	Birth Date	(A/C) Home Phone	Uniform #	Parent-Guardian Signature	Relationship
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

FASA Requirements: Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one roster, unless the player has written release dated and signed by the team manager of the team for which the player will not be a member. The release must be filed with FASA National office before the team plays in a tournament. Team rosters must be submitted to FASA National office upon Qualifying for World Championship. TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.

TEAM MANAGER'S AFFIDAVIT

I am the 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 players signed the above in their handwriting and they are eligible to compete with my team in FASA events and agree to be bound by the rules and regulations of FASA.

Signature of Team Manager

Home Phone: _____

Office Phone: _____

Manager's Name (Print)

Manager's Address (Print) City, State, Zip

Note: A birth certificate must be available for each participant in FASA Events at the Event.

Player must personally print and sign her own name. (Page 2 if needed)



TEAM NAME _____

AGE GROUP _____

TEAM PLAYERS, MANAGERS, AND COACHES MUST READ THE FOLLOWING BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in FASA activities, I hereby agree for myself, successor, heirs and assigns. Release and forever discharge FASA, their employees, owners, officers and directors from all claims, actions or judgments I may have or claim to have against FASA for all personal injuries, including death, and damage to property, real or personal, caused by or arising out of my participation in FASA activities. I further agree for myself, successor, heirs and assigns to indemnify and hold FASA harmless from all claims and suits for personal injuries, including death, damage to property caused by my act of omission arising out of participation in FASA, and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures, slides or movies taken by FASA, its employees, officers and directors, in connection with my participation in FASA or any reproduction of the same, as well as my name, may in any manner be used by FASA or by any person, corporation or association authorized by FASA. I am in good health and have no physical condition that would prevent me from participating in FASA events.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

#	Print or Type Player's Name	Player's Signature	Street Address, City State	Zip	Birth Date	(A/C) Home Phone	Uniform #	Parent-Guardian Signature	Relationship
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									