

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Year _____ Team Name _____ City & State _____ Division & Classification of Championship _____
(provide appropriate state/province, district, province, county, etc.)

Play 1) Each adult player should read the statement on opposite side before completing and signing this roster.
 2) Parents/Guardians signature should be on the same numbered line below as the player's name.
 3) Players are subject to the ASA Drug Control Procedures and Policies as provided in the ASA Code.

***By initialing in the column below, you acknowledge you have read and understand the liability waiver and player affidavit information on the reverse side.**

NOTE: Team accident insurance is not provided for ASA National Championship play. ASA has made available the voluntary purchase of team accident insurance. See your ASA commissioner for information.

PR	PRINT OR TYPE PLAYER'S NAME	DATE OF BIRTH	ADULT PLAYER OR PARENT/GUARDIAN SIGNATURE	BONA FIDE RESIDENCE (Street, City, State, Zip)	E-MAIL ADDRESS (Optional)	INITIALS*
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