

INDEPENDENT SOFTBALL ASSOCIATION

YOUTH TEAM ROSTER

E-MAIL ADDRESS _____

TEAM NAME _____

City / State / ZIP

DIVISION A ____ B ____

Notice: All players who play with any team that earns a State, National or World berth will be frozen to that team's roster for the remainder of the season. See ISA Rule book for complete details. In consideration of being permitted to participate in the ISA , I hereby agree for myself, successor heirs and assigns, to release and forever discharge any Park & Recreation Dept., Complex, or individual hosting an ISA Sanctioned Tournament. The Independent Softball Association (ISA), its employees, officers and directors from all claims, actions or judgments I may have or claim to have against ISA for all personal injuries, including death and injuries to property, real or personal, caused by or arising out of my participation in the ISA either Leagues or Tournaments. I further agree for myself, successors, heirs and assigns, to indemnify and hold ISA harmless from all claims and suits. I further agree that pictures, photographs, slides, films or movies of myself taken while playing in any ISA sanctioned event

PRINT OR TYPE PLAYERS NAME	STREET ADDRESS, CITY, STATE ZIP	DATE OF BIRTH	PARENT/GUARDIAN SIGNATURE
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**PRINT
TEAM MANAGER'S NAME** _____

**PRINT MAILING ADDRESS
TEAM MANAGERS EMAIL** _____

By signing, I am aware of the penalties for using or possessing an altered bat.
Failure to surrender bat upon request will result in immediate suspension.

I am the manager of the above team and guarantee all of the information is correct to the best of my knowledge and that all of the players, parents or guardians signed the above in their own handwriting and acknowledge that they are eligible to play with my team.

SIGNATURE OF TEAM MANAGER
