

ASA OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION FORM



20 ASA OFFICIAL NATIONAL CHAMPIONSHIP ROSTER

Team Name

City & State

Division & Classification of Championship Play
(men/women/boys/girls, show picture plate, 10-under, church, etc.)

1) Each 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 players' 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.

PRINT OR TYPE PLAYERS NAME	DATE OF BIRTH	PLAYER or PARENT/GUARDIAN SIGNATURE	BONAFIDE RESIDENCE (Street, City, State, Zip)	EMAIL ADDRESS (optional)	INITIALS*
1.					
2.					
3.					
4.					
5.					
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20.					