| TEAM | ID#: | USA | SOFT | BALL OF NORTH DAKOT | A - OFFICIAL ROSTER FOR | GREY SECTIONS ARE TO BE C | | | |
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| SPON | ISOR/TEAM NAME: | | | | □ LEAGUE ONLY □ TOURNAME | NT ONLY | | | |
| MAN | AGER'S NAME: | | | LE | AGUE NAME & DIVISION: | | | | |
| | | | | | SSIFICATION: | | | | |
| | AGER'S CITY & ZIP: | | | ANAGER'S PHONE: | | | | | |
| | AGER'S EMAIL: | | | | | | | | |
| to pa injuri | | igned agre | es to waiv | e any claim for loss or injury against USA Softba | nd your parent or guardian must sign this form on t ill of North Dakota, its members, affiliates, affiliates HAS PLAYERS WHO PLAY FOR ANOTHER TI | ' members, and sponsors for any accid | ent or | | |
| | II NOOTEN EZINETOI IMPAZINOIN | | 141310113 | MINISTER ANTICAMINA | INC I EATERO WHO I EAT FOR ARCHIER I | | STATE OFFICE ONLY | | |
| P | rint or Type LAYER'S NAME | IF ON OTHER TEAM(S) OR NATIONAL DATABASE, LIST HIGHEST CLASSIFICATION | DATE OF BIRTH (MM/YY) | Print or Type ADDRESS, CITY & ZIP | | PLAYER'S SIGNATURE | PARENT / GUARDIAN SIGNATURE RECEIVED DATE ADDED DATE DROPPED | | |
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| "I h | earby accept full responsibility for the c | onduct of a | all individu | als connected with this team " | District Commissioner or League Represe | ntative | | | |

Date:

Signature:

Date:

Manager's Signature:

USA SOFTBALL OF NORTH DAKOTA - OFFICIAL ROSTER FORM

| | TED BY EACH PLAYER | WHO IS ROSTERE | ON OTHER TEAL | M(S) AND | OOR ON NATIONAL PLAYER D | ATABASE |
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