

## UNITED TRIBES TECHNICAL COLLEGE (UTTC) LEGENDS SOFTBALL TOURNAMENT OFFICIAL TEAM ROSTER

Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

**Division:** (Upper: Rec I & above; Lower: Rec II & below)

Women's             Upper    Lower

Men's                 Upper    Lower

**Read this before signing.** This is a release from liability. If you are a minor, you must sign below and your parent or guardian must sign this form on the reverse side as well. In consideration of the right to participate in amateur softball, the undersigned agrees to waive any claim for loss or injury against the North Dakota USA Softball Association, its members, affiliates, affiliates' members, and sponsors for any accidents or injuries to person or property. Rosters must be submitted to a Registration Representative prior to the start of the team's first game. No roster changes will be allowed after the start of the team's first game. Managers must have a copy of their team roster with them and players must have photo identification for possible roster checks. No person may play with more than one team.

Players First & Last Name	Birth Date	Highest Class	Address	City	Zip	Players Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

*By signing this roster, I hereby accept full responsibility for the conduct of all individuals connected with this team.*

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THE UTTC LEGENDS SOFTBALL TOURNAMENT IS OPEN TO PLAYERS 16 AND OLDER  
PARENT MUST SIGN IF PLAYER IS UNDER 18 YEARS OF AGE**

**Read this before signing.** This is a release from liability. You are signing this waiver as a parent or guardian of a minor. In consideration of the right to participate in amateur softball, the undersigned agrees to waive any claim for loss or injury against the North Dakota USA Softball Association, its members, affiliates, affiliates' members, and sponsors for any accidents or injuries to person or property. Rosters must be submitted to a Registration Representative prior to the start of the team's first game. No roster changes will be allowed after the start of the team's first game. Managers must have a copy of their team roster with them for possible roster checks. Players must have photo identification for possible roster checks. No person may play with more than one team.

Players First & Last Name	Birth Date	Highest Class	Address	City	Zip	Parent/Guardian Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
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