

**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 Masters

READ CAREFULLY. This is a release from liability. In consideration of the right to participate in amateur softball, the undersigned agrees to waive any claim for loss or injury against USA Softball of North Dakota, its members, affiliates, affiliates' members, and sponsors for any accident or injuries to person or property. All players must sign this form. The guardian of players between the age of 16 and 18 must sign this form.

Player First & Last Name	Birth Date	Highest Class	Address, City, State, Zip	Player/Guardian Signature

As Manager, by signing this roster, I hereby accept full responsibility for the conduct of all individuals connected with this team.

Manager's Signature: _____

Date: _____