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

Team Name:_____ **Manager's Name**_____ **Manager's Phone:** _____

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

Women's	☐ Upper	☐ Lower	
Men's	☐ Upper	☐ Middle	☐ Lower
Battle of Nations	☐ Coed	☐ Men's	☐ Women's

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. Players under the age of 18 must have their parent or legal guardian sign the roster. All teams will receive 13 player wristbands. Additional wristbands may be purchased for $15.00 each.

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:** _____