

OFFICIAL ROSTER

Team Name: _____
 ASA Registered Age Division: _____ Class: _____
 Manager: _____ Address: _____

Association: _____
 League Age Division: _____ Class: _____
 Phone: _____

WAIVER AND RELEASE OF LIABILITY: I the undersigned (the below named player and her parents/guardians) agree to allow said player to participate in girls fastpitch softball. My signature b acknowledges that I am aware that participation in sport activities exposes me to risk of physical injury by the nature of the sport. This being considered, I do release and exonerate the Tulsa Girls Softball Federation, Tulsa Parks and Recreation Department, Tulsa County, Board of County Commissioners, Bixby Girls Softball League, Bixby Park & Recreation Department, Tulsa Public Schools, Memorial Community Center, all officers, coaches, players, umpires, and all their agents, representatives from any and all liability as a result of injury associated with participation in this sport activity.

AUTHORIZATION FOR EMERGENCY CARE OF MINOR-REFERENCE TO TITLE 10 O.S. (1974 SUPP) SEC. 170.1:

I the undersigned parent or legal guardian of the minor child listed below, do hereby authorize any x-ray equipment, anesthetic, dental, medical or surgical diagnosis or treatment by any licensed physician or dentist and hospital service that may be rendered to said minor under the general, specific, or special consent of the manager or coaches of the TGSF team to which the minor is assigned or the manager, coaches of any other affiliated teams to whom the minor has voluntarily joined. The diagnosis or treatment may be rendered at the office of the physician or dentist or at a state-licensed hospital. I authorize the physician or dentist to call in any necessary consultants at his/their discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being requested and is given to encourage team managers and coaches, physicians and dentists to exercise their best judgment in the parent's or guardian's absence as to the requirements of such diagnosis or medical or dental or surgical treatment in the best interest of the health and welfare of the minor child. This authorization and consent shall remain effective until December 31, 20____, unless sooner revoked in writing and delivered to TGSF-P.O. Box 691973-Tulsa, OK 74169.

I understand that I may be on only one ASA team roster at a time in a division (fastpitch/slowpitch, etc.) during the current season.

	Players Name (print)	Birthdate	Address/City/St/Zip	Parents Signature	Parents Name (print)	Date
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In consideration for being allowed to participate in ASA tournaments and leagues the participating individuals and teams agree to waive all claims for injury, accident or liability of any kind against any or all players, managers or directors of the tournaments, leagues or owners of the property on which the ball field is located. I as manager and the above players do agree to play by all ASA rules. I agree that any discrepancies may result in forfeiture of games.

Manager Signature: _____