



**It's Not Just A Game,
It's A LIFESTYLE!!**
Good Things Come To Those Who Play!!!!



Premier Softball Association Team Roster

P.S.A. Tournament: _____ City: _____

Team Name: _____ Team City & State: _____ Team Classification: _____

#	PLAYER NAME	CITY AND STATE	DATE OF BIRTH	NON-BLACK	SIGNATURE
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Your signature on this document acknowledges that you have read and are in total acceptance of the attached **WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**. **Team Managers' Affirmation:** I, the manager of the above team, do hereby state that all of the information supplied above is accurate, and we are signing this document without coercion or force.

Team Manager's Name: _____ Signature: _____ Date: _____