



## 2019 TOURNAMENT ROSTER

Tournament date: \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**DIVISION OF PLAY (check only one)**

**MEN** (Lower\*)     **MEN** (Upper\*)     **COED**

\*Men's Division will be separate if enough teams register!

**ENTRY DEADLINE:** \_\_\_\_\_ A completed Roster and Team Fee **MUST** be submitted prior to the deadline for a team to be considered registered. Teams will only be added on a first come, first served basis as spots are available. Late registrations will **NOT** be accepted if it makes a division have an uneven number of teams.

**Team Manager's Contact Info:**

Name: (print) \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Email: \_\_\_\_\_

I am the manager of the above mentioned team and after receiving a Tournament packet and rules, depose and say that all information supplied is correct and to the best of my knowledge and that all players signed in their own handwriting and they are eligible to compete with my team in the Championship Play of USA Softball and agree to be bound by the rules of USA Softball as contained in the USA Softball Code and the USA Softball's Official Rules of Softball.

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

Questions??? Call 269.659.8110 or email [recreation@sturgismi.gov](mailto:recreation@sturgismi.gov)

**PLAYER AFFIDAVIT & LIABILITY WAIVER**

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING THIS PAGE. I have received and/or reviewed a tournament packet and rules with my team manager and I understand and agree to be bound by those and the rules of USA Softball. I am a member in good standing and I am eligible to compete with this team in the Championship Play of USA Softball. I understand that I may only play on one team within a division during this tournament and this is the team which I have elected to play. In consideration of this roster being accepted, I further agree that I shall hold harmless and fully indemnify the parties listed and individually release any and all claims for damages I may have against the City of Sturgis, Doyle Center, Spence Softball Complex and its employees for injury suffered during the life of this roster.

|    | Name (print) | Email | Signature |
|----|--------------|-------|-----------|
| 1  |              |       |           |
| 2  |              |       |           |
| 3  |              |       |           |
| 4  |              |       |           |
| 5  |              |       |           |
| 6  |              |       |           |
| 7  |              |       |           |
| 8  |              |       |           |
| 9  |              |       |           |
| 10 |              |       |           |
| 11 |              |       |           |
| 12 |              |       |           |

| <i>Office Use only</i> |       |          |
|------------------------|-------|----------|
| FEE PAID:              | DATE: | INITIAL: |
|                        |       |          |