FASTPITCH SUPER SERIES OF AMERICA WORLD SERIES
OFFICIAL TEAM ROSTER

TEAM NAME _____ AGE GROUP _____

MANAGER/COACH NAME _____ EMAIL _____

ADDRESS _____
Street City State ZIP

PHONE NUMBER (_____) _____ CELL# (_____) _____ TEXT - **YES** or **NO**

PARENT OR LEGAL GUARDIAN'S AGREEMENT/PERMISSION TO PARTICIPATE

I, parent/guardian, of the below named player, in consideration of permitting said player to participate in the youth program Fastpitch Super Series of America; herein known as FSSA, do hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims that I may have against FSSA, it's sponsors, their agents or representatives, for any and all injuries or less sustained, arising or suffered by said player while competing in or in connection with the play of FSSA or it's ancillary events. I hereby contract and agree to hold FSSA harmless and to indemnify FSSA from and on account of any damage suffered or sustained by FSSA by reason of said player being injured. I understand that this includes a release for said player's photo to be used in association with FSSA events, websites and advertising.

By signing this Roster, parent/guardian agrees to the above statement and verifies that the date of birth is correct.

Print or Type Player's Name	Date of Birth	Signature of Parent/Guardian	Relationship

TEAM MANAGER/COACH AFFIDAVIT

I, the Coach/Manager of the above stated team, do hereby state that all of the above information is correct and that this roster does not include any assumed names and that each player conforms to the rules governing FSSA Team Membership. I further agree that each player has full knowledge and has approved of her name being placed on the above roster. I accept all terms specified in Conditions of Entry.
Birth Certificates/picture ID must be provided if protest is filed because of player eligibility.

Manager or Coach Signature _____ *Date* _____

Fastpitch Super Series Director Signature _____ *Date* _____