

2020 TSRL/USSSA ROSTER FORM
Twelve Step Recovery League

Team Name: _____ Name Last Season: _____
Manager's Name: _____ Cell Ph: (____) _____
Address: _____ Work Ph: (____) _____
City: _____ State: _____ Zip: _____
City of League: _____ Manager/Coach E-Mail: _____
Division: _____ Classification: _____

TEAM MANAGER AND PLAYERS, READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration of being permitted to participate in the TSRL & USSSA, I hereby agree for myself, heirs and assigns, release and forever discharge Twelve Step Recovery League (TSRL) and United States Specialty Sports Association (USSSA), their employees, officers, and directors from all claims, actions or judgments I may have or claim to have against TSRL & USSSA for all personal injuries, including death, and injuries to property, real or personal, caused by an or arising out of my participation in the TSRL & USSSA- either league or tournaments. I further agree for myself, successors, heirs and assigns to indemnify and hold TSRL & USSSA harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the TSRL & USSSA and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures or movies taken or made by TSRL & USSSA, their employees, officers, and directors in connection with my participation in the TSRL & USSSA, either league or tournaments, or any reproduction of the same, as well as my name, may in any manner be used by TSRL & USSSA, or by any person, corporation, or association authorized by TSRL & USSSA I am in good health and have no physical condition that would prevent me from participating in the TSRL & USSSA events, I, UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

1. NAME: _____ SIGNATURE: _____
2. NAME: _____ SIGNATURE: _____
3. NAME: _____ SIGNATURE: _____
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18. NAME: _____ SIGNATURE: _____
19. NAME: _____ SIGNATURE: _____
20. NAME: _____ SIGNATURE: _____

REQUIREMENTS: The TSRL/USSSA Roster must be signed by all players. The player is automatically ineligible if a signature appears on more than one TSRL/USSSA roster, unless the player has a written release dated and signed by the team manager of the team for which the player will not be a member. The release must be filled out with the State Director before the teams play in a tournament. **TEAM MEMBERS MAY BE ASKED TO PROVIDE I.D. UPON REQUEST. TEAM MANAGER'S AFFIDAVIT.** I am the manager of the above team and guarantee all the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in USSSA tournament play and agree to be bound by the rules and regulations of USSSA. I also guarantee that my players are TSRL Eligible players and meet the requirements.

MANAGER'S SIGNATURE: _____ DATE: _____