

SPA OFFICIAL ROSTER

RIDGE HOOKS
 Executive Director
 (405) 463-3317

SPA
 12316-A North May Ave.
 Box 271
 Oklahoma City, OK. 73120

_____ **Date**



_____ **Team Name**

_____ **Team Age Division and Classification**

_____ **City and State**

TEAM MANAGERS AND PLAYERS READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING

In consideration for being permitted to participate in the SPA tournament, I hereby agree for myself, successors, heirs, and assigns, to release and forever discharge Softball Players Association Inc. (SPA), their employees, officers, directors, and volunteers from all claims, actions, or judgments I may have or claim to have against SPA for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of my participation in the SPA tournament. I further agree to indemnify and hold SPA 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 SPA tournament and from all judgments recovered and from all expenses incurred in defending said claims or suits. I further agree to voluntarily assume any and all risks inherent to participation and agree to abide by all regulations established by SPA. I further agree that my photographs, pictures, slides, or movies taken or made by the SPA, their employees, officers and directors, in connection with my participation in the SPA tournament or any reproduction of the same, as well as my name, may in any manner be used by the SPA, or by any person, corporation or association authorized by SPA. Fighting, drunk and disorderly conduct and disobeying park rules should be cause for dismissal from the park. I am in good health and have no physical condition that would prevent me from participating in the SPA tournament. I the undersigned have read and understand the foregoing release.

PLAYERS – PRINT INFORMATION AND AFFIX SIGNATURE

	PRINT NAME	SPA CARD#	ADDRESS, CITY, STATE, ZIP CODE	HOME PHONE#	SIGNATURE
1.					
2.					
3.					
4.					
5.					

CONTINUED ON REVERSE

PLAYERS – PRINT INFORMATION AND AFFIX SIGNATURE					
	PRINT NAME	SPA CARD#	ADDRESS, CITY, STATE, ZIP CODE	HOME PHONE#	SIGNATURE
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Team Name

City and State

Age Division/Classification

Manager's Affidavit: To the best of my knowledge, I guarantee the above players signed the roster in my presence and the information is factual. We further agree to play and abide by the SPA rules and policies. All rosters must be signed by the players.

Team Manager's Name

Team Manager's Signature

Address, City, State, ZIP and Phone #