_____ Year

MINNESOTA SPORTS FEDERATION OFFICIAL TEAM ROSTER

PRINT OR TYPE LEGIBLY--PRESS HARD YOU ARE MAKING THREE COPIES

Post Season Tournament Team #: 1 2 3 4 5 6 7 8 9 Other_____ *(assigned and circled by league director)*

Sports Community/School_____ **League** _____

Sport _____ **Division** _____ **Class:** A B C D (circle one)
(touch football, basketball, broomball, volleyball or other)

Team Name _____ **Email Address** _____

Team Manager/Coach _____ **Cell Phone** ( )_____

Address _____ **City** _____ **State** _____ **Zip** _____

*** TEAM MANAGER/COACH CHECKLIST FOR TOURNAMENT PLAY ***

- Signatures of all players or parent/guardian if under 18 must be on this official tournament roster.
- All players must be prepared to prove eligibility/I.D. upon request of tournament manager.

DIVISION CODE BOX

MTFB	-	Men's Touch Football	MVB	-	Men's Volleyball
MBK	-	Men's Basketball	WVB	-	Women's Volleyball
MBB	-	Men's Broomball	CRVB	-	Co-Rec Volleyball
WBB	-	Women's Broomball	VB35	-	Men's Masters (35 & Over Volleyball)
CRBB	-	Co-Rec Broomball	VB32	-	Women's Masters (32 & Over Volleyball

PLAYER STATEMENT ***Each player shall read the following statements before signing the roster.*** I am a member in good standing of the above team and I am eligible under local sports community and MSF eligibility rules to compete with this team in local sports community and MSF tournament play. I understand that I may participate in only one MSF post-season tournament in the same division of play and my signature may appear on only one post-season tournament roster submitted at the tournament site in the same division of play. For the definition of "divisions of play" please see the applicable MSF Sports Guide. I agree to abide by the rules and regulations established for local sports community and MSF play.

DISCLAIMER: Unless we receive notice via staff@msf1.org to be removed from the member list, players may receive discount offers on sporting goods, travel, etc. from time to time from MSF sponsors who help subsidize the cost to participate in MSF programs. The MSF does not sell email or address lists for commercial purposes.

HOLD HARMLESS WAIVER OF LIABILITY: I, the undersigned player, acknowledge, agree and understand that: 1. Voluntarily and of my own free will, I elect to participate as a member of the team and sports community indicated above. 2. I understand that there are certain risks and hazards involved in participating that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3. I understand that the very nature of participatory sports is hazardous and risky, including, but not limited to, swinging, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the playing areas arranged for by the team or league: 1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by both players on my team, and (c) while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play. 2. I release, discharge and agree not to sue the team and league/sports community designated above, the facility owner or other entity designated above, the National Softball Federation - Minnesota Sports Federation, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, playing area or National Softball Federation - Minnesota Sports Federation for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

PRINT OR TYPE NAME	PLAYER'S SIGNATURE (If 18 or over, otherwise parent's signature)	RESIDENCE ADDRESS	CITY	STATE	ZIP	HOME/CELL PHONE	WORK PHONE	EMAIL ADDRESS
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Statement of Team Manager/Coach and League Director (if qualifying by league): We hereby verify that each player appearing on this MSF tournament roster qualifies under the eligibility rules outlined in the MSF program guide. We understand that a violation of MSF eligibility rules even if inadvertent, will result in the automatic disqualification of the team and may result in the probation and/or suspension of our sports community from future MSF participation.

See applicable sports guide for maximum number of players allowed on your roster and deadline for submission

_____
Team Manager's/Coach's Signature

White Copy - Tournament Roster (Team Hand Carry to Tournament)	Yellow Copy (Send to MSF by Deadline)	Pink Copy - League Director (File Copy)

_____
League Director's Signature if qualifying via league play