AMERICAN FASTPITCH ASSOCIATION
2926 Calle Frontera, San Clemente, CA 92673

Official Roster and Liability Release

Team Name _____ Age Div. _____ A ___ or B ___ Year _____

I have read this release and waiver of liability for the American Fastpitch Association (AFA) and in consideration of being allowed to participate in any way in AFA related events and activities, the undersigned agree to not hold liable the association, directors, schools or parks where softball/baseball events are to take place. In case I am injured during practice/games on premises I give up my right to file a claim(s against the AFA. I understand that I have given up substantial rights by signing this form and I have signed it freely and voluntarily.

Manager's Name _____ Phone # _____ AFA Membership # _____

Signature _____ Cell # _____ Email _____

Address _____ City _____ State _____ Zip _____

Player Name	Birth Date	Parent/Guardian Name	Parent/Guardian Signature

Coach Name	Coach Signature	Email	Phone