IDAHO AMATEUR SOFTBALL ASSOCIATION

	TEAM NAME				
	MANAGERS NAME E-MAIL ADDRESS				
	MAILING ADDRESS				
	CITY / STATE / ZIP				
	GAME NIGHT	LEAGUE _		YEAR	
PLAYER NAME		ADDRESS/CITY		PLAYER SIGNATURE	
(1 Volun (2 Lunde	tarily and of my own free will, I e erstand that there are certain risk	knowledge, agree, and understand tha lect to participate as a member of the above is and hazards involved in participating in so ot to file suit against the team, umpires, ASA	named softball team and le ftball that may result in inju	ry or death to me or other play	vers.

COMMISSIONER SIGNATURE

MANAGER SIGNATURE