IDAHO AMATEUR SOFTBALL ASSOCIATION

	TEAM NAME			
	MANAGERS NAME E-MAIL ADDRESS			
	MAILING ADDRESS			
	CITY / STATE / ZIP			
	GAME NIGHT	LEAGUE		/EAR
PLAYER NAME		ADDRESS/CITY	PLA	AYER SIGNATURE
(1 Voluni (2 I unde	tarily and of my own free will, I e erstand that there are certain risk	knowledge, agree, and understand that lect to participate as a member of the above and hazards involved in participating in so to to file suit against the team, umpires, AS	e named softball team and leagu oftball that may result in injury or	death to me or other players.

COMMISSIONER SIGNATURE

MANAGER SIGNATURE