

## NSA Official YOUTH Roster NSA National Office (859) 887-4114

NSA P.O. BOX 7 NICHOLASVILLE, KY 40340

NOTICE: COACH/MANAGER AND EACH PARENT or				
GUARDIAN MUST PERSONALLY SIGN HIS/HER OWN NAME.				
SOURCE MOST I EROSINIEE STORT TO THE CONTROL OF THE	STATE DIRECTOR			

					0177/ (07-7-			
TE	TEAM NAME  EAM MANAGER/COACH, PARENT or GUARDIAN READ THE , and on behalf of my minor child/children identified below, I and said child hereby	AGE GROUP  FOLLOWING STATEMENT	CLASS  BEFORE COMPL	ETING AND SIG	CITY / STATE NING. EACH PARE	ENT OR GUARDIAN MUST PERSONALLY	SANCTION /REGISTRATION # Y SIGN HIS/HER OWN NAME.	DATE
claim to have against N.S.A. for all personal injuries, including de- to property caused by act of omission arising out of participation in Leagues or Tournaments, or any reproduction of the same, as well	ath, and injuries to property, real or personal, caused by or arising out of my partici n the N.S.A., and from all judgments recovered and from all expenses incurred in c as my name, may in any manner be used by N.S.A., or by any person, corporation	pation in the N.S.A either leagues o efending said claims or suits. By sign or association authorized by N.S.A.	or tournaments. I and said ning this I and my minor My minor child is in goo	I minor further agree for child further agree that and health and has no ph	or myself, said child, succe t photographs, pictures, sli nysical condition that would	essor, heirs, and assigns to indemnify and hold N.S.A. hades or movies taken or made by N.S.A., their employeed prevent them from participating in N.S.A. events. 1,	armless from all claims and suits for personal injuries s, officers and directors, in connection with my partic FHE UNDERSIGNED, HAVE READ AND UND	s, including death, dam cipation in the N.S.A. of ERSTAND THE
PRINT OR TYPE PLAYER'S NAME	RULES & BYLAWS of the N.S.A. Note: Rule book with bylaws available  STREET ADDRESS - APT #	24/7 at www.PlayNSA.com 1 am CITY	aware that TEAM INSUI	RANCE is available for a	all N.S.A. sanctioned teams to DOB	o purchase. Insurance details and rates are available at v	www.PlayNSA.com - then select the Insurance link PARENT- Guardian SIGNATURE	RELATIONS
TRINI OR THE LETTER O IVANIE	OTREET ADDRESS 74 1 11	0111	J.A.E		505	TRIVET AFORE OF OUGERATION INVIDE	TARLETT CONTROLL	REEXTIGION
player is 18 years of age or older, they must sign for themselves.	r with all information correct and complete. Roster must be personally signed by a Complete list of NSA Roster Rules & bylaws see rule book online at www.PlayNS. H PLAYER: A COPY of BIRTH CERTIFICATE or GOVERNMENT ISSUE PH	A.com						
	ACH/TEAM MANAGER AFFIDAVIT	OTO LD. AT ANT TIME		COACH/MANA	AGER'S NAME	<del></del>	COACH/MANAGER EMAIL ADDRESS	<del></del>
I am the coach/manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the Parents or Guardians signed he above in their own handwriting. The players are eligible to compete with my team in the championship play of the NSA and agree to be bound by the rules and bylaws of NSA. I understand that it is my responsibility to know the rules and bylaws of NSA, and that ignorance of a rule or bylaw does not negate the penalty for myself or my team.			COACH	I/MANAGER'S ADI	DRESS	сіту,	CITY, STATE ZIP	
SIGNATURE OF COACH/TEAM MANAGER					EVEN	ING PHONE	DAY PHONE	