

PUGET SOUND SENIOR SOFTBALL ASSOCIATION

ADD DELETE FORM

Team Name _____

The undersigned hereby, separately, certify that each is eligible according to the rules and regulations of PSSSA and hereby agree to abide by such rules and regulations and to play with this association until properly released in accordance with PSSSA rules governing same.

The undersigned also hereby, separately, for their heirs, executors, and administrators, waives and release any and all rights and claims that may be had, are might rise against, the PSSSA, its affiliates, sponsors agents, or representatives for any and all injuries or losses suffered by the said undersigned while competing in or in connection with the programs of the said association.

THE SIGNATURE ACKNOWLED

ADD PLAYERS

	Name	Address	Phone	DOB	Signature
1					
2					
3					

DELETE PLAYERS

	Name	Address	Phone	DOB	Signature
1					
2					
3					

Managers name (print) _____

Managers name (sign) _____

Date _____